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| Fill in this information to identify your case: |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                   |
| Case number (if known)                          | _ Chapter you are filing under: |                                   |
|   | Chapter 7                       |                                   |
|   | ☐ Chapter 11                    |                                   |
|   | ☐ Chapter 12                    |                                   |
|   | ☐ Chapter 13                    | ☐ Check if this an amended filing |

B 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:  | dentify Yourself   |  |   |  |  |  |  |  |
|-----|--|--|--|---|--|--|--|--|--|
|     |  |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |  |
| 1.  | You  | r full name  |  |   |  |  |  |  |  |
|     |  | rite the name that is on ur government-issued  | Sandra First name                        | First name                                    |  |  |  |  |  |
|     | pictu<br>exar  | re identification (for nple, your driver's   | S  | T ilst Hame                                   |  |  |  |  |  |
|     | license or passport).  Bring your picture identification to your meeting with the trustee. | se or passport).   | Middle name                              | Middle name                                   |  |  |  |  |  |
|     |  | Lamberg  |  |   |  |  |  |  |  |
|     |  | eeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |  |  |
|     |  |  |  |   |  |  |  |  |  |
| 2.  |  | other names you have<br>d in the last 8 years  |  |   |  |  |  |  |  |
|     |  | ide your married or<br>den names.  |  |   |  |  |  |  |  |
|     |  |  |  |   |  |  |  |  |  |
| 3.  | you<br>num<br>Indi   | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-1473                              |   |  |  |  |  |  |
|     |  |  |  |   |  |  |  |  |  |

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Case number (if known)

Debtor 1 Sandra S Lamberg

|  |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|--|--|---|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and<br>doing business as names |  | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |
|  |  | Business name(s)  | Business name(s)   |  |  |
|  |  | EINs  | EINs   |  |  |
| 5.   | Where you live                                 | 2408 Lakeview Drive<br>Wonder Lake, IL 60097  | If Debtor 2 lives at a different address:  |  |  |
|  |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|  |  | McHenry<br>County   | County   |  |  |
|  |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|  |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6.   | Why you are choosing this district to file for | Check one:  | Check one:   |  |  |
| bankruptcy   |  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |  |  |
|  |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|  |  |   |  |  |  |

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Case number (if known) Debtor 1 Sandra S Lamberg

| ar<br>, | The chapter of the  | Your Bankruptcy Case  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy |                                  |                                   |   |  |  |  |
|---------|---|--|----------------------------------|-----------------------------------|---|--|--|--|
| •       | The chapter of the Bankruptcy Code you are  |  |                                  |                                   |   |  |  |  |
|         | choosing to file under  | ■ Chapter 7 □ Chapter 11   |                                  |                                   |   |  |  |  |
|         |   |  |                                  |                                   |   |  |  |  |
|         |   | ☐ Chapter 12   |                                  |                                   |   |  |  |  |
|         |   |  | hapter 13                        |                                   |   |  |  |  |
| 3.      | How you will pay the fee  | •  | about how yo                     | u may pay. Tyl<br>attorney is sub | pically, if you are paying the fee yo                                 | k with the clerk's office in your local court for more details<br>urself, you may pay with cash, cashier's check, or mone<br>alf, your attorney may pay with a credit card or check with |  |  |
|         |   |  | I need to pay                    | the fee in ins                    | stallments. If you choose this option to (Official Form 103A).        | on, sign and attach the Application for Individuals to Pay   |  |  |
|         |   |  | I request that<br>but is not req | t my fee be wa<br>uired to, waive | aived (You may request this option your fee, and may do so only if yo | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line ee in installments). If you choose this option, you must fi        |  |  |
|         |   |  | out the Applic                   | cation to Have                    | the Chapter 7 Filing Fee Waived ((                                    | Official Form 103B) and file it with your petition.  |  |  |
| ).      | Have you filed for bankruptcy within the  | ■ N  | 0.                               |                                   |   |  |  |  |
|         | last 8 years?   | ☐ Ye   | es.                              |                                   |   |  |  |  |
|         |   |  | District                         |                                   | When  | Case number  |  |  |
|         |   |  | District                         |                                   | When  | Case number  |  |  |
|         |   |  | District                         |                                   | When  | Case number  |  |  |
| 0.      | Are any bankruptcy cases pending or being   | ■ N  | 0                                |                                   |   |  |  |  |
|         | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Y  | es.                              |                                   |   |  |  |  |
|         |   |  | Debtor                           |                                   |   | Relationship to you  |  |  |
|         |   |  | District                         |                                   | When  | Case number, if known  |  |  |
|         |   |  | Debtor                           |                                   |   | Relationship to you  |  |  |
|         |   |  | District                         |                                   | When  | Case number, if known  |  |  |
| 1.      | Do you rent your residence?   | ■ N  | Go to I                          | ine 12.                           |   |  |  |  |
|         | residence:  | □ Y  | es. Has yo                       | ur landlord obt                   | ained an eviction judgment agains                                     | t you and do you want to stay in your residence?   |  |  |
|         |   |  |                                  | No. Go to line                    | 12.   |  |  |  |
|         |   |  |                                  | Yes. Fill out Inbankruptcy pe     |   | Judgment Against You (Form 101A) and file it with this   |  |  |

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Document Page 4 of 57 Case number (if known) Debtor 1 Sandra S Lamberg Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D).

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

☐ Yes.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

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Debtor 1 Sandra S Lamberg

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions about finances. about finances.

☐ **Disability.** My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a brie | fing about credit |
|-------------------------------------|-------------------|
| counseling because of:              |                   |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 57 Case number (if known) Debtor 1 Sandra S Lamberg Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will be available for Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you ■ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500.000.001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sandra S Lamberg Signature of Debtor 2 Sandra S Lamberg Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on December 16, 2015

MM / DD / YYYY

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Debtor 1 Sandra S Lamberg Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Steven J. Brody                              | Date          | December 16, 2015 |
|--|---------------|-------------------|
| Signature of Attorney for Debtor                 | <u> </u>      | MM / DD / YYYY    |
| Steven J. Brody Printed name                     |               |                   |
| Steven J. Brody & Associates, Ltd.               |               |                   |
| 15 W. Woodstock Street<br>Crystal Lake, IL 60014 |               |                   |
| Number, Street, City, State & ZIP Code           |               |                   |
| Contact phone 815-479-8800                       | Email address |                   |
| 06205619   |               |                   |
| Bar number & State                               |               |                   |

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|--------------------|--------------------------|-------------------|------------------|------|
| Fill in this infor | mation to identify your  | case:             |                  |      |
| Debtor 1           | Sandra S Lamber          | g                 |                  |      |
|                    | First Name               | Middle Name       | Last Name        |      |
| Debtor 2           |                          |                   |                  |      |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |      |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |      |
| Case number _      |                          |                   |                  |      |
| if known)          |                          |                   |                  | □ Ct |
|                    |                          |                   |                  | l an |

Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par  | 1: Summarize Your Assets   |            |                           |
|------|--|------------|---------------------------|
|      |  |            | assets<br>of what you own |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 0.00                      |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 113,307.34                |
|      | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 113,307.34                |
| Part | 2: Summarize Your Liabilities  |            |                           |
|      |  |            | iabilities<br>nt you owe  |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 12,678.00                 |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$         | 0.00                      |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 100,433.00                |
|      | Your total liabilities   | \$         | 113,111.00                |
| Par  | 3: Summarize Your Income and Expenses  |            |                           |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 2,217.00                  |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 2,574.00                  |
| Part | 4: Answer These Questions for Administrative and Statistical Records   |            |                           |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo                      | ur other s | chedules.                 |
| 7.   | ■ Yes What kind of debt do you have?   |            |                           |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a persona  | ıl, family, or            |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, of household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,788.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 65,000.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 65,000.00 |

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|---------------------------------|--|---|-------------------------------|---|--|
| Fill in this inf                | ormation to identify your case   | and this filing:  |                               |   |  |
| Debtor 1                        | Sandra S Lamberg   |   |                               |   |  |
|                                 | First Name   | Middle Name   | Last Name                     |   |  |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name   | Last Name                     |   |  |
| United States                   | Bankruptcy Court for the: NOR  | THERN DISTRICT OF IL                                      | LINOIS                        |   |  |
|                                 |  |   |                               |   |  |
| Case number                     |  |   |                               |   | ☐ Check if this is an amended filing   |
|                                 |  |   |                               |   |  |
| Official F                      | orm 106A/B   |   |                               |   |  |
|                                 | ıle A/B: Propert   | V   |                               |   | 12/15  |
| n each category                 | , separately list and describe items                                       | . List an asset only once. If                             |                               |   |  |
|                                 | s complete and accurate as possibl<br>eeded, attach a separate sheet to th |   |                               |   |  |
| Part 1: Descri                  | be Each Residence, Building, Land,   | or Other Real Estate You C                                | own or Have an Interest In    |   |  |
| . Do you own o                  | or have any legal or equitable interes                                     | st in any residence, building                             | g, land, or similar property? |   |  |
| ■ No. Go to F                   | Part 2   |   |                               |   |  |
| _                               | re is the property?  |   |                               |   |  |
|                                 | ,  |   |                               |   |  |
| Part 2: Descri                  | be Your Vehicles   |   |                               |   |  |
| □ No<br>■ Yes                   |  |   |                               | Do not deduct accurred electron                       | nime or exemptions. But  |
| 3.1 Make:                       | Dodge<br>Journey Crew  | _   | the property? Check one.      | Do not deduct secured cla<br>the amount of any secure | d claims on Schedule D:  |
| Model:<br>Year:                 | 2012   | <ul><li>■ Debtor 1 only</li><li>□ Debtor 2 only</li></ul> |                               | Creditors Who Have Clair                              |  |
|                                 | nate mileage: 44000  | Debtor 1 and Debtor 2                                     | 2 only                        | Current value of the<br>entire property?              | Current value of the portion you own?  |
|                                 | formation:   | ☐ At least one of the de                                  | •                             |   | <b>F</b> ,   |
| Value i                         | is based on NADA clean   |   |                               |   |  |
|                                 | n value  | ☐ Check if this is com                                    | munity property               | \$16,725.00   | \$16,725.00  |
|                                 | scrachted due to   |   |                               |   |  |
| exhusi                          | band's actions   | (see instructions)  |                               |   |  |
|                                 | aircraft, motor homes, ATVs a<br>coats, trailers, motors, personal w       |   |                               |   |  |
|                                 | ollar value of the portion you or<br>have attached for Part 2. Write       |   |                               |   | \$16,725.00  |
|                                 | be Your Personal and Household It  |   |                               |   |  |
| Do you own c                    | or have any legal or equitable i   | nterest in any of the foll                                | owing items?                  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                                 | goods and furnishings  |   |                               |   | c. oxomptiono.   |
| <i>∟xamples:</i>                | Major appliances, furniture, linen   | s, china, kitchenware                                     |                               |   |  |

□ No

Official Form 106A/B

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Case number (if known) Document Debtor 1 Sandra S Lamberg Yes. Describe..... \$2,000.00 Household goods and furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... Cellphone Samsung Galaxy 6, television (includes dvd and vhs. surround sound), computer, cameras, Samsung Tablet, IPod (with \$1,000.00 music) 8. Collectibles of value Examples: Antiques and figurines: paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections: other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe.... Clothing \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe.... **Wedding Ring** \$800.00 \$500.00 Diamond Earings 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,500.00 for Part 3. Write that number here ..... **Describe Your Financial Assets** 

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

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Desc Main

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Case number (if known) Document Debtor 1 Sandra S Lamberg claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No Cash \$200.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Crystal Lake Bank and Trust \$253.00 17.1. Checking Crystal Lake Bank and Trust \$146.00 Savings 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: **IRA Putman** \$52,312.34 401(k) **Danahr Corporation & Subsidiaries Savings** \$39,171.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

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|-----|----------------|--|--------------------------|----------------------------|--|--|
| De  | ebtor 1        | Sandra S Lamberg   |                          | Bocament                   | Case number (if known)                                 |  |
|     | ■ No           | equitable or future interestive specific information a   |                          | rty (other than anythin    | g listed in line 1), and rights or powers exe          | ercisable for your benefit                                   |
|     | Examp ■ No     | s, copyrights, trademarks<br>oles: Internet domain name  | s, websites, p           |                            |  |  |
|     | License        | Give specific information a<br>es, franchises, and other   | general intai            |                            |  |  |
|     | ■ No           | Oles: Building permits, exclu  |                          | , cooperative association  | n holdings, liquor licenses, professional licens       | es   |
|     |                | property owed to you?  |                          |                            |  | Current value of the portion you own?  Do not deduct secured |
|     |                |  |                          |                            |  | claims or exemptions.  |
| 28. | Tax ref ■ No   | funds owed to you  |                          |                            |  |  |
|     |                | Give specific information al   | bout them, inc           | cluding whether you alre   | ady filed the returns and the tax years                |  |
| 29. |                | support<br>bles: Past due or lump sum  | alimony, spo             | usal support, child supp   | ort, maintenance, divorce settlement, property         | y settlement   |
|     | ☐ Yes.         | Give specific information  |                          |                            |  |  |
| 30. | Examp          | amounts someone owes y<br>oles: Unpaid wages, disabili<br>benefits; unpaid loans   | ity insurance p          |                            | efits, sick pay, vacation pay, workers' compe          | nsation, Social Security                                     |
|     | ■ No<br>□ Yes. | Give specific information  |                          |                            |  |  |
| 31. |                | ets in insurance policies of the color of th | e insurance; h           | nealth savings account (   | HSA); credit, homeowner's, or renter's insura          | nce  |
|     |                | Name the insurance compa<br>Com  | any of each popany name: | olicy and list its value.  | Beneficiary:   | Surrender or refund value:                                   |
| 32. | If you a       | terest in property that is dare the beneficiary of a living the has died.  |                          |                            | ed<br>surance policy, or are currently entitled to rec | eive property because  |
|     | ☐ Yes.         | Give specific information  |                          |                            |  |  |
| 33. |                | against third parties, wholes: Accidents, employmen  |                          |                            | it or made a demand for payment<br>s to sue            |  |
|     | ☐ Yes.         | Describe each claim  |                          |                            |  |  |
| 34. | ■ No           | contingent and unliquidat  Describe each claim   |                          | every nature, includin     | g counterclaims of the debtor and rights to            | o set off claims   |
| 35. |                | nancial assets you did not   |                          |                            |  |  |
|     | ■ No           | Give specific information  |                          |                            |  |  |

|      |              | Case 15-83106   | Doc 1            | Document                  | Page 14 of 57                        | 1:27 Desc Main  |
|------|--------------|---|------------------|---------------------------|--------------------------------------|---|
| Deb  | otor 1       | Sandra S Lamberg  |                  | Bocament                  | Case number (if                      | known)  |
| 36.  |              |   |                  |                           | any entries for pages you have attac | £00 000 21  |
| Part | 5:           | Describe Any Business-Related                                       | Property You     | Own or Have an Interest   | In. List any real estate in Part 1.  |   |
|      | -            | u own or have any legal or equit                                    | able interest in | n any business-related pr | operty?                              |   |
|      | No.          | Go to Part 6.   |                  |                           |                                      |   |
|      | Yes.         | Go to line 38.  |                  |                           |                                      |   |
| Part |              | Describe Any Farm- and Comme<br>f you own or have an interest in fa |                  |                           | n or Have an Interest In.            |   |
| 46.  | Do y         | ou own or have any legal o  | r equitable in   | nterest in any farm- or   | commercial fishing-related property  | ?   |
|      | ■ N          | o. Go to Part 7.  |                  |                           |                                      |   |
|      | ПΥ           | es. Go to line 47.  |                  |                           |                                      |   |
|      |              |   |                  |                           |                                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Part | 7:           | Describe All Property You Own o                                     | or Have an Inte  | erest in That You Did Not | List Above                           |   |
|      | Exa          | ou have other property of a mples: Season tickets, countr           |                  |                           |                                      |   |
| _    | ■ No<br>T Ye | s. Give specific information  |                  |                           |                                      |   |
| -    |              | s. Give specific information  |                  |                           |                                      |   |
| 54.  | Add          | the dollar value of all of yo                                       | our entries fr   | rom Part 7. Write that    | number here                          | \$0.00  |
| Part | 8:           | ist the Totals of Each Part of th                                   | is Form          |                           |                                      |   |
| 55.  | Par          | t 1: Total real estate, line 2                                      |                  |                           |                                      | \$0.00  |
|      |              | t 2: Total vehicles, line 5   |                  | _                         | \$16,725.00                          | ·   |
| 57.  | Par          | t 3: Total personal and hou   | sehold items     | s, line 15                | \$4,500.00                           |   |

\$4,500.00

\$92,082.34

\$113,307.34

\$0.00

\$0.00

\$0.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

60. Part 6: Total farm- and fishing-related property, line 52

58. Part 4: Total financial assets, line 36

59. Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

\$113,307.34

\$113,307.34

Official Form 106A/B Schedule A/B: Property page 5 Case 15-83106 Doc 1 Filed 12/16/15 Entered 12/16/15 15:09:27 Desc Main Page 15 of 57

|                     |                          | 1700.11111        | 111 FAUE 13 UL 37 |              |                          |
|---------------------|--------------------------|-------------------|-------------------|--------------|--------------------------|
| Fill in this infor  | mation to identify your  | case:             |                   |              |                          |
| Debtor 1            | Sandra S Lamber          | g                 |                   |              |                          |
|                     | First Name               | Middle Name       | Last Name         |              |                          |
| Debtor 2            |                          |                   |                   |              |                          |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |              |                          |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |              |                          |
| Case number         |                          |                   |                   |              |                          |
| (if known)          |                          |                   |                   | <del>-</del> | if this is an ded filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | y the Pro | perty Yοι | ı Claim a | s Exempt |
|---------|----------|-----------|-----------|-----------|----------|
|         |          |           |           |           |          |

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |                                      |  |                                    |  |  |
|----|---|--------------------------------------|--|------------------------------------|--|--|
|    | ■ You are claiming state and federal nonban   | kruptcy exemptions.                  | 11 U.S.C. § 522(b)(3)                  |                                    |  |  |
|    | ☐ You are claiming federal exemptions. 11 to  | U.S.C. § 522(b)(2)                   |  |                                    |  |  |
| 2. | For any property you list on Schedule A/B   | that you claim as exe                | empt, fill in the information below.   |                                    |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property            | Current value of the portion you own | Amount of the exemption you claim      | Specific laws that allow exemption |  |  |
|    |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption. |                                    |  |  |
|    | 0040 Dadaa Janaara 00000 44000  |                                      |  | 705 !! 00 5/40 4004/->             |  |  |

|   | Schedule A/B |   |                       |
|---|--------------|---|-----------------------|
| 2012 Dodge Journey Crew 44000 miles Value is based on NADA clean trade in value Car is scrachted due to exhusband's actions Line from Schedule A/B: 3.1 | \$16,725.00  | \$2,400.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| Household goods and furnishings Line from Schedule A/B: 6.1   | \$2,000.00   | \$2,000.00  | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B. 6.1   |              | 100% of fair market value, up to any applicable statutory limit             |                       |
| Cellphone Samsung Galaxy 6, television (includes dvd and vhs,   | \$1,000.00   | \$200.00  | 735 ILCS 5/12-1001(b) |
| surround sound), computer,<br>cameras, Samsung Tablet, IPod (with<br>music)   |              | 100% of fair market value, up to any applicable statutory limit             |                       |
| Line from Schedule A/B: 7.1   |              |   |                       |
| Clothing Line from Schedule A/B: 11.1   | \$200.00     | \$200.00  | 735 ILCS 5/12-1001(a) |

100% of fair market value, up to any applicable statutory limit

Official Form 106C

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ase number (if known) Sandra S Lamberg Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Wedding Ring** 735 ILCS 5/12-1001(b) \$800.00 \$800.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Diamond Earings** 735 ILCS 5/12-1001(b) \$500.00 \$500.00 Line from Schedule A/B: 12.2 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$200.00 \$200.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking: Crystal Lake Bank and 735 ILCS 5/12-1001(b) \$253.00 \$150.00 Trust Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: Crystal Lake Bank and 735 ILCS 5/12-1001(b) \$146.00 \$150.00 Trust Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **IRA: Putman** 735 ILCS 5/12-1006 100% \$52,312.34 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 401(k): Danahr Corporation & 735 ILCS 5/12-1006 100% \$39,171.00 Subsidiaries Savings Plan Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

| Case                                 | 2 15-83106                       | Doc 1 Filed 12/16/15  Document  | Entered<br>Page 17 d | 12/16/15 15:0<br>of 57                                 | J9:27 Desc N<br>—                                  | iain                     |
|--------------------------------------|----------------------------------|---|----------------------|--|--|--------------------------|
| Fill in this informat                | ion to identify you              | ur case:  |                      |  |  |                          |
| Debtor 1                             | Sandra S Lamb                    | era   |                      |  |  |                          |
| _                                    | First Name                       | Middle Name   | Last Name            |  |  |                          |
| Debtor 2                             | E:                               |   |                      |  |  |                          |
| (Spouse if, filing)                  | First Name                       | Middle Name   | Last Name            |  |  |                          |
| United States Bankr                  | uptcy Court for the              | : NORTHERN DISTRICT OF ILLII  | NOIS                 |  |  |                          |
| Case number                          |                                  |   |                      |  |  |                          |
| (if known)                           |                                  |   |                      |  | ☐ Check  | if this is an            |
|                                      |                                  |   |                      |  | ameno  | led filing               |
| Official Form                        | 106D                             |   |                      |  |  |                          |
|                                      |                                  | Who Have Claims S   | Secured              | by Property  | <b>v</b>   | 12/15                    |
|                                      | ional Page, fill it out          | f two married people are filing together,<br>, number the entries, and attach it to this<br>your property?  |                      |  |  |                          |
| □ No. Check th                       | is box and submit t              | his form to the court with your other   | schedules. You       | u have nothing else                                    | to report on this form.                            |                          |
| Yes. Fill in all                     | of the information               | below.  |                      |  |  |                          |
| Part 1: List All S                   | ecured Claims                    |   |                      |  |  |                          |
|                                      |                                  | nore than one secured claim, list the creditor  |                      | Column A   | Column B   | Column C                 |
|                                      |                                  | particular claim, list the other creditors in Paler according to the creditor's name.   | art 2. As much       | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any |
| 2.1 Pncbank                          |                                  | Describe the property that secures the  | e claim:             | \$12,678.00  | \$16,725.00  | \$0.00                   |
| Creditor's Name                      |                                  | 2012 Dodge Journey Crew 44 miles Value is based on NADA clea in value Car is scrachted due to exhusband's actions As of the date you file, the claim is: Ch | an trade             |  |  |                          |
| 2730 Liberty                         |                                  | apply.  | ieck all triat       |  |  |                          |
| Pittsburgh, I                        |                                  | Contingent  |                      |  |  |                          |
| Number, Street, City                 | y, State & Zip Code              | ☐ Unliquidated☐ Disputed  |                      |  |  |                          |
| Who owes the debt?                   | Check one.                       | Nature of lien. Check all that apply.   |                      |  |  |                          |
| Debtor 1 only                        |                                  | An agreement you made (such as mo   | ortgage or secure    | ed   |  |                          |
| Debtor 2 only                        |                                  | car loan)   |                      |  |  |                          |
| Debtor 1 and Debto                   |                                  | Statutory lien (such as tax lien, mech  | nanic's lien)        |  |  |                          |
| At least one of the d                |                                  | ☐ Judgment lien from a lawsuit  |                      |  |  |                          |
| ☐ Check if this claim community debt | relates to a                     | ☐ Other (including a right to offset)   |                      |  |  |                          |
|                                      | Opened<br>5/10/12<br>Last Active |   |                      |  |  |                          |
| Date debt was incurre                | d 10/07/15                       | Last 4 digits of account numbe  | er 9550              |  |  |                          |
|                                      |                                  |   |                      |  |  |                          |

Add the dollar value of your entries in Column A on this page. Write that number here: \$12,678.00 If this is the last page of your form, add the dollar value totals from all pages. \$12,678.00 Write that number here:

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Depto | 🗂 Sandra S Lan | nberg       |           | Case number (if know)                               |   |
|-------|----------------|-------------|-----------|---|---|
|       | First Name     | Middle Name | Last Name |   |   |
|       | Name Address   |             |           |   |   |
|       | -NONE-         |             | C         | On which line in Part 1 did you enter the creditor? |   |
|       |                |             | L         | ast 4 digits of account number                      | _ |
|       |                |             |           |   |   |

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|  |  |  | Document   | Page                       | 19 of 57  |  |                                   |
|--|--|--|--|----------------------------|---|--|-----------------------------------|
| Fill in  | this information to identify   | your case:   |  |                            |   |  |                                   |
| Debtor   | 1 Sandra S La  | mbera  |  |                            |   |  |                                   |
|  | First Name   |  | ddle Name  | Last Name                  |   |  |                                   |
|  |  | Mi   | ddle Name  | Last Name                  |   |  |                                   |
|  |  |  |  |                            |   |  |                                   |
| United   | States Bankruptcy Court for  | the: NORTH   | HERN DISTRICT OF ILI   | LINOIS                     |   |  |                                   |
| Case r   | number   |  |  |                            |   |  |                                   |
| (if known  | n)   |  |  |                            |   | ☐ Check if th                              |                                   |
|  |  |  |  |                            |   | amended f                                  | iling                             |
| Offic  | ial Form 106F/F  |  |  |                            |   |  |                                   |
|  |  | ors Who  | Have Unsecu  | red Cla                    | aims  |  | 12/15                             |
|  |  |  |  |                            | Part 2 for creditors with NONPRIOR  | ITY claims. List the                       |                                   |
| Schedul<br>D: Credi<br>he Cont<br>number   | le G: Executory Contracts and Utors Who Have Claims Secured tinuation Page to this page. If your (if known). | Jnexpired Lease<br>I by Property. If I<br>ou have no infor | es (Official Form 106G). Do<br>more space is needed, co<br>mation to report in a Part, | not include<br>py the Part | contracts on Schedule A/B: Property<br>any creditors with partially secured<br>you need, fill it out, number the entrice<br>that Part. On the top of any additional | claims that are listes in the boxes on the | ed in Schedule<br>ne left. Attach |
| 1.   | Do any creditors have priority t   | ınsecured claim  | s against you?   |                            |   |  |                                   |
|  | No. Go to Part 2.  |  |  |                            |   |  |                                   |
|  | ☐ Yes.   |  |  |                            |   |  |                                   |
| Debtor 1  Debtor 2 (Spouse if, filing)  United States Bankruptcy  Case number (if known)  Official Form 10  Schedule E/F: (Greated and accurate any executory contracts or use any executory contracts or use and accurate any executory contracts or use any executory contracts or use and accurate and accurate any executory contracts or use any | List All of Your NONPR   | IORITY Unsec   | cured Claims   |                            |   |  |                                   |
| 3.   | Do any creditors have nonprior   | ity unsecured c  | laims against you?   |                            |   |  |                                   |
|  | ☐ No. You have nothing to repo   | rt in this part. Sub                                       | omit this form to the court wi   | ith your other             | schedules.  |  |                                   |
|  | Yes.   |  |  |                            |   |  |                                   |
|  | 1 i.e. all af  |  | the shahahattaal aadaa af  | 41                         | oda kalda saab alaim 16 a oo dhaaba   |  |                                   |
|  | unsecured claim, list the creditor than one creditor holds a particular                                      | separately for ea  | ch claim. For each claim list  | ted, identify v            | who holds each claim. If a creditor hat type of claim it is. Do not list claims than three nonpriority unsecured claim  | already included in                        | Part 1. If more                   |
|  |  |  |  |                            |   | Total cla                                  | im                                |
| 4.1  | Atlantic Crd   |  | Last 4 digits of accou   | nt number                  | 2201  | \$   | 9,108.00                          |
|  | Priority Creditor's Name P O Box 13386 Roanoke, VA 24033   |  | When was the debt in   | curred?                    | Opened 7/13/15  |  |                                   |
|  | Number Street City State Zlp Co  | ode  | As of the date you file  | , the claim i              | s: Check all that apply   |  |                                   |
|  | Who incurred the debt? Check   | k one.   | ☐ Contingent   |                            |   |  |                                   |
|  | ■ Debtor 1 only  |  | - contingent   |                            |   |  |                                   |
|  | Debtor 2 only  |  | ☐ Unliquidated   |                            |   |  |                                   |
|  | ☐ Debtor 1 and Debtor 2 only   |  | ☐ Disputed   |                            |   |  |                                   |
|  | ☐ At least one of the debtors a  | and another  | Type of NONPRIORITY  | Y unsecured                | l claim:  |  |                                   |
|  | ☐ Check if this claim is for a   |  | ☐ Student loans  |                            |   |  |                                   |
|  |  | •  |  |                            |   |  |                                   |
|  | Is the claim subject to offset?  |  | Obligations arising on not report as priority cla                                      | •                          | ration agreement or divorce that you di   | d  |                                   |
|  | ■ No   |  |  |                            | g plans, and other similar debts  |  |                                   |
|  |  |  |  | Collec                     | ction 01 Citibank N A   |  |                                   |
|  | □ Tes  |  | Other. Specify   | Collec                     | CONTO I CINDANK IN A  |  |                                   |
| 4.2  | Cap One  |  | Last 4 digits of account   | nt number                  | 8388  | \$   | 0.00                              |
|  | Priority Creditor's Name   |  |  |                            | Opened 1/20/42 Lest   |  |                                   |
|  | 26525 N Riverwoods B<br>Mettawa, IL 60045  | lvd  | When was the debt in   | curred?                    | Opened 1/29/12 Last<br>Active 8/08/13   | -  |                                   |

As of the date you file, the claim is: Check all that apply

Number Street City State Zlp Code

|        | P.O. Box 15298   | When was the debt incurred?  | Opened 2/01/95 Last                      |    |          |
|--------|--|--|--|----|----------|
| 4.5    | Chase Priority Creditor's Name   | Last 4 digits of account number  | 2715                                     | \$ | 1,007.00 |
|        |  | - Other. Specify   | · <del> •</del>                          |    |          |
|        | ■ No □ Yes   | ☐ Debts to pension or profit-sharing  Other. Specify  Credit                                     |  |    |          |
|        | Is the claim subject to offset?  | not report as priority claims  | ration agreement or divorce that you did |    |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |  |    |          |
|        | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured  | I claim:                                 |    |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |    |          |
|        | Debtor 2 only  | ☐ Unliquidated   |  |    |          |
|        | Debtor 1 only  | _ comingon   |  |    |          |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |  |    |          |
|        | Number Street City State Zlp Code                                      | As of the date you file, the claim is  | s: Check all that apply                  |    |          |
|        | Po Box 6283<br>Sioux Falls, SD 57117                                   | When was the debt incurred?  | Opened 4/01/83 Last<br>Active 2/10/08    |    |          |
| 4.4    | Cbna Priority Creditor's Name  | Last 4 digits of account number  | 1169                                     | \$ | 0.00     |
|        | ☐ Yes  | Other. Specify Charg   | e Account                                |    |          |
|        | ■ No □ Yes   | _  |  |    |          |
|        | <b>.</b>   | not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |  |    |          |
|        | debt Is the claim subject to offset?                                   | _  | ration agreement or divorce that you did |    |          |
|        | ☐ Check if this claim is for a community                               | ☐ Student loans  | · Otaliii.                               |    |          |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured  | I claim:                                 |    |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |    |          |
|        | Debtor 1 only  |  |  |    |          |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |  |    |          |
|        | Sioux Falls, SD 57117  Number Street City State Zlp Code               | As of the date you file, the claim is  | s: Check all that apply                  |    |          |
|        | Priority Creditor's Name Po Box 6497                                   | When was the debt incurred?  | Opened 10/14/07                          |    |          |
| 4.3    | Cbna   | Last 4 digits of account number  | 2918                                     | \$ | 0.00     |
|        | Yes  | ■ Other. Specify Credit  | Card                                     |    |          |
|        | ■ No   | ☐ Debts to pension or profit-sharing   | g plans, and other similar debts         |    |          |
|        | Is the claim subject to offset?  | Obligations arising out of a sepa not report as priority claims                                  | ration agreement or divorce that you did |    |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |  |    |          |
|        | At least one of the debtors and another                                | Type of NONPRIORITY unsecured  | I claim:                                 |    |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |    |          |
|        | Debtor 2 only  | ☐ Unliquidated   |  |    |          |
|        | ■ Debtor 1 only  | cogo   |  |    |          |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |  |    |          |
| Debtor | Sandra S Lamberg   | Document Page  | 20 of 57<br>Case number (if know)        |    |          |

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Wilmington, DE 19850

| 4.8    | Chase Card   | Last 4 digits of account number                                  | 7308                                      | \$        | 21,456.00 |
|--------|--|--|---|-----------|-----------|
|        | Yes  | ■ Other. Specify Auto  | mobile                                    |           |           |
|        | No   | ☐ Debts to pension or profit-shari                               | ng plans, and other similar debts         |           |           |
|        | Is the claim subject to offset?  | ☐ Obligations arising out of a sep                               | aration agreement or divorce that you did |           |           |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |           |           |
|        | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                     | ed claim:                                 |           |           |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |           |
|        | Debtor 1 only  Debtor 2 only   | ☐ Unliquidated   |   |           |           |
|        | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Contingent   |   |           |           |
|        | Number Street City State Zlp Code                                      | As of the date you file, the claim                               | <b>15.</b> Опеск ан тат арргу             |           |           |
|        | Po Box 901003<br>Ft Worth, TX 76101                                    | When was the debt incurred?                                      | Active 7/21/08                            |           |           |
|        | Priority Creditor's Name   | Last 4 digits of account number                                  | Opened 7/25/03 Last                       | \$        | 0.00      |
| 4.7    | Chase Auto   | Last 4 digits of account number                                  | 2305                                      | ¢         | 0.00      |
|        | Yes  |  | mobile                                    |           |           |
|        | No   | Debts to pension or profit-shari                                 | ng plans, and other similar debts         |           |           |
|        | Is the claim subject to offset?  | ☐ Obligations arising out of a sep                               | aration agreement or divorce that you did |           |           |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |           |           |
|        | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                     |   |           |           |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |           |
|        | <ul><li>■ Debtor 1 only</li><li>□ Debtor 2 only</li></ul>              | ☐ Unliquidated   |   |           |           |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |   |           |           |
|        | Number Street City State Zlp Code                                      | As of the date you file, the claim                               | is: Check all that apply                  |           |           |
|        | Po Box 901003<br>Ft Worth, TX 76101                                    | When was the debt incurred?                                      | Active 3/24/08                            |           |           |
|        | Priority Creditor's Name   | Last 4 digits of account number                                  | Opened 3/22/03 Last                       | \$        | 0.00      |
| 4.6    | Chase Auto   | Local delimitor of a community of the                            | 5701                                      | •         | 0.00      |
|        | Yes  | Other. Specify Char  | ge Account                                |           |           |
|        | ■ No   | ☐ Debts to pension or profit-shari                               | ng plans, and other similar debts         |           |           |
|        | Is the claim subject to offset?  | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did |           |           |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |           |           |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecure                         | ed claim:                                 |           |           |
|        | Debtor 2 only  | Unliquidated   |   |           |           |
|        | Debtor 1 only  | □ Contingent   |   |           |           |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |   |           |           |
| 200101 | Number Street City State Zlp Code                                      | As of the date you file, the claim                               |   |           |           |
| Debtor | r1 Sandra S Lamberg  |  | 21 of 57<br>Case number (if know)         | Desc Maii | •         |

Priority Creditor's Name

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Case number (if know) Document

Debtor 1 Sandra S Lamberg

|      | Po Box 15298<br>Wilmington, DE 19850                    | When was the debt incurred?  | Opened 5/09/84 Last<br>Active 5/01/14     |    |      |  |  |  |
|------|---|--|---|----|------|--|--|--|
|      | Number Street City State Zlp Code                       | As of the date you file, the claim is: Check all that apply        |   |    |      |  |  |  |
|      | Who incurred the debt? Check one.                       | ☐ Contingent   |   |    |      |  |  |  |
|      | Debtor 1 only   |  |   |    |      |  |  |  |
|      | Debtor 2 only   | ☐ Unliquidated   |   |    |      |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed   |   |    |      |  |  |  |
|      | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecure                                       | d claim:                                  |    |      |  |  |  |
|      | ☐ Check if this claim is for a community debt           | ☐ Student loans  |   |    |      |  |  |  |
|      | Is the claim subject to offset?                         | Obligations arising out of a sepanot report as priority claims     | aration agreement or divorce that you did |    |      |  |  |  |
|      | ■ No  | Debts to pension or profit-sharing                                 | g plans, and other similar debts          |    |      |  |  |  |
|      | Yes   | Other. Specify Credit  | t Card                                    |    |      |  |  |  |
| 4.9  | Chase Card  | Last 4 digits of account number                                    | 4824                                      | \$ | 0.00 |  |  |  |
|      | Priority Creditor's Name Po Box 15298                   | When was the debt incurred?  | Opened 1/11/04 Last<br>Active 6/09/08     |    |      |  |  |  |
|      | Wilmington, DE 19850  Number Street City State Zlp Code | As of the date you file, the claim                                 | s: Check all that apply                   |    |      |  |  |  |
|      | Who incurred the debt? Check one.                       | ☐ Contingent   |   |    |      |  |  |  |
|      | Debtor 1 only   |  |   |    |      |  |  |  |
|      | Debtor 2 only   | ☐ Unliquidated   |   |    |      |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                            |  |   |    |      |  |  |  |
|      | ☐ At least one of the debtors and another               |  |   |    |      |  |  |  |
|      | ☐ Check if this claim is for a community debt           | ☐ Student loans  |   |    |      |  |  |  |
|      | Is the claim subject to offset?                         | Obligations arising out of a sepa<br>not report as priority claims |   |    |      |  |  |  |
|      | ■ No  | Debts to pension or profit-sharing                                 | g plans, and other similar debts          |    |      |  |  |  |
|      | Yes   | Other. Specify Credit  | t Card                                    |    |      |  |  |  |
| 4.10 | Chase Mtg   | Last 4 digits of account number                                    | 1287                                      | \$ | 0.00 |  |  |  |
|      | Priority Creditor's Name                                |  | Opened 12/14/10   Leet                    |    |      |  |  |  |
|      | Po Box 24696<br>Columbus, OH 43224                      | When was the debt incurred?  | Opened 12/14/10 Last<br>Active 11/18/14   |    |      |  |  |  |
|      | Number Street City State Zlp Code                       | As of the date you file, the claim                                 | s: Check all that apply                   |    |      |  |  |  |
|      | Who incurred the debt? Check one.  ■ Debtor 1 only      | ☐ Contingent   |   |    |      |  |  |  |
|      | Debtor 2 only   | ☐ Unliquidated   |   |    |      |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed   |   |    |      |  |  |  |
|      | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecure                                       |   |    |      |  |  |  |
|      | Check if this claim is for a community                  | ☐ Student loans  |   |    |      |  |  |  |
|      | debt Is the claim subject to offset?                    | ☐ Obligations arising out of a sepanot report as priority claims   |   |    |      |  |  |  |
|      | ■ No  | ☐ Debts to pension or profit-sharing                               | g plans, and other similar debts          |    |      |  |  |  |
|      | Yes   | Other. Specify Real I  | Estate Mortgage                           |    |      |  |  |  |
|      |   |  |   |    |      |  |  |  |

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| btor 1 Sandra S Lamberg  |  | Case number (if know)                     |    |          |
|--|--|---|----|----------|
| Chase- Bp  | Last 4 digits of account number                                  | 2715                                      | \$ | 1,007.00 |
| Priority Creditor's Name                                       |  | 0   |    |          |
| P.O. Box 15298<br>Wilmington, DE 19850                         | When was the debt incurred?                                      | Opened 2/01/95 Last<br>Active 4/23/14     |    |          |
| Number Street City State Zlp Code                              | As of the date you file, the claim                               | s: Check all that apply                   |    |          |
| Who incurred the debt? Check one.                              | ☐ Contingent   |   |    |          |
| Debtor 1 only  | J  |   |    |          |
| Debtor 2 only  | ☐ Unliquidated   |   |    |          |
| ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |   |    |          |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                     | d claim:                                  |    |          |
| ☐ Check if this claim is for a community debt                  | ☐ Student loans  |   |    |          |
| Is the claim subject to offset?                                | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did |    |          |
| No   | Debts to pension or profit-sharing                               | g plans, and other similar debts          |    |          |
| Yes  | Other. Specify Charg   | ge Account                                |    |          |
| Com Ed   | Last 4 digits of account number                                  |   | \$ | 0.00     |
| Priority Creditor's Name PO Box 6111                           | When was the debt incurred?                                      |   |    |          |
| Carol Stream, IL 60197-6111  Number Street City State Zlp Code | As of the date you file the claim                                | an Chaele all that ample                  |    |          |
| Number Street City State Zip Code                              | As of the date you file, the claim                               | s: Cneck all that apply                   |    |          |
| Who incurred the debt? Check one.                              | ☐ Contingent   |   |    |          |
| Debtor 1 only  | _  |   |    |          |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |    |          |
| ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |   |    |          |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                     | d claim:                                  |    |          |
| ☐ Check if this claim is for a community debt                  | ☐ Student loans  |   |    |          |
| Is the claim subject to offset?                                | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did |    |          |
| ■ No   | Debts to pension or profit-sharing                               | g plans, and other similar debts          |    |          |
| Yes  | Other. Specify   | 9S  |    |          |
| Comenity Bank/Beallsfl   | Last 4 digits of account number                                  | 3456                                      | \$ | 0.00     |
| Priority Creditor's Name                                       | <u>.</u>   |   | Ť  |          |
| Po Box 182685  | When was the debt incurred?                                      | Opened 3/17/13 Last<br>Active 8/10/14     |    |          |

As of the date you file, the claim is: Check all that apply

Columbus, OH 43218

Number Street City State Zlp Code

| Debtor | Case 15-83106 Doc 1  Sandra S Lamberg              |   | ered 12/16/15 15:09:27<br>e 24 of 57<br>Case number (if know) | Desc Main |      |
|--------|--|---|---|-----------|------|
|        | Who incurred the debt? Check one.                  |   |   |           |      |
|        | Debtor 1 only                                      | ☐ Contingent  |   |           |      |
|        | Debtor 2 only                                      | ☐ Unliquidated  |   |           |      |
|        | ☐ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |   |           |      |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecur                                     | ed claim:   |           |      |
|        | ☐ Check if this claim is for a community debt      | ☐ Student loans   |   |           |      |
|        | Is the claim subject to offset?                    | ☐ Obligations arising out of a sepont report as priority claims | paration agreement or divorce that you did                    |           |      |
|        | ■ No   | ☐ Debts to pension or profit-shar                               | ing plans, and other similar debts                            |           |      |
|        | Yes  | Other. Specify Char   | ge Account  |           |      |
| 4.14   | Comenity Bank/Eddiebau                             | Last 4 digits of account number                                 | 2361  | \$        | 0.00 |
|        | Priority Creditor's Name                           |   | 0   |           |      |
|        | 995 W 122nd Ave<br>Westminster, CO 80234           | When was the debt incurred?                                     | Opened 10/21/06 Last<br>Active 1/02/12                        |           |      |
|        | Number Street City State ZIp Code                  | As of the date you file, the claim                              | is: Check all that apply                                      |           |      |
|        | Who incurred the debt? Check one.                  | ☐ Contingent  |   |           |      |
|        | Debtor 1 only                                      |   |   |           |      |
|        | ☐ Debtor 2 only                                    | ☐ Unliquidated  |   |           |      |
|        | ☐ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |   |           |      |
|        | ☐ At least one of the debtors and another          | Type of NONPRIORITY unsecur                                     | ed claim:   |           |      |
|        | ☐ Check if this claim is for a community debt      | ☐ Student loans   |   |           |      |
|        | Is the claim subject to offset?                    | ☐ Obligations arising out of a sepnot report as priority claims |   |           |      |
|        | ■ No   | Debts to pension or profit-shar                                 | ing plans, and other similar debts                            |           |      |
|        | Yes  | Other. Specify Char   | ge Account  |           |      |
| 4.15   | Comenity Bank/Vctrssec                             | Last 4 digits of account number                                 | 1232  | \$        | 0.00 |
|        | Priority Creditor's Name                           |   | Opened 8/05/98 Last   |           |      |
|        | 220 W Schrock Rd<br>Westerville, OH 43081          | When was the debt incurred?                                     | Active 3/30/10  |           |      |
|        | Number Street City State Zlp Code                  | As of the date you file, the claim                              | is: Check all that apply                                      |           |      |
|        | Who incurred the debt? Check one.  □ Debtor 1 only | ☐ Contingent  |   |           |      |
|        | Debtor 2 only                                      | ☐ Unliquidated  |   |           |      |
|        | ☐ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |   |           |      |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecur                                     | ed claim:   |           |      |
|        | ☐ Check if this claim is for a community debt      | ☐ Student loans   |   |           |      |
|        | Is the claim subject to offset?                    | ☐ Obligations arising out of a sepont report as priority claims | paration agreement or divorce that you did                    |           |      |
|        | ■ No   | ☐ Debts to pension or profit-shar                               | ing plans, and other similar debts                            |           |      |
|        | Yes  | Other. Specify Char   | ge Account  |           |      |
| 4.16   | Crystal Lake Bank & Tr                             | Last 4 digits of account number                                 | 0001  | <b></b>   | 0.00 |

Priority Creditor's Name

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|      | 70 N Williams St<br>Crystal Lake, IL 60014                | When was the debt incurred?                                      | Opened 7/19/03 Last<br>Active 8/27/10     |    |           |
|------|---|--|---|----|-----------|
|      | Number Street City State Zlp Code                         | is: Check all that apply   |   |    |           |
|      | Who incurred the debt? Check one.                         | ☐ Contingent   |   |    |           |
|      | Debtor 1 only   | · ·  |   |    |           |
|      | ☐ Debtor 2 only   | ☐ Unliquidated   |   |    |           |
|      | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |   |    |           |
|      | $\square$ At least one of the debtors and another         | Type of NONPRIORITY unsecure                                     | d claim:                                  |    |           |
|      | ☐ Check if this claim is for a community debt             | ☐ Student loans  |   |    |           |
|      | Is the claim subject to offset?                           | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did |    |           |
|      | ■ No  | ☐ Debts to pension or profit-shari                               | ng plans, and other similar debts         |    |           |
|      | Yes   | Other. Specify   | e Equity Line Of Credit                   |    |           |
| 4.17 | Crystal Lake Bank & Tr                                    | Last 4 digits of account number                                  | 0001                                      | \$ | 0.00      |
|      | Priority Creditor's Name                                  |  | Opened 8/23/10 Last                       |    |           |
|      | 70 N Williams St<br>Crystal Lake, IL 60014                | When was the debt incurred?                                      | Active 12/22/10                           |    |           |
|      | Number Street City State Zlp Code                         | As of the date you file, the claim                               | is: Check all that apply                  |    |           |
|      | Who incurred the debt? Check one.                         | ☐ Contingent   |   |    |           |
|      | Debtor 1 only   | ū  |   |    |           |
|      | ☐ Debtor 2 only   | ☐ Unliquidated   |   |    |           |
|      | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |   |    |           |
|      | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecure                                     | d claim:                                  |    |           |
|      | ☐ Check if this claim is for a community debt             | ☐ Student loans  |   |    |           |
|      | Is the claim subject to offset?                           | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did |    |           |
|      | ■ No  | ☐ Debts to pension or profit-shari                               | ng plans, and other similar debts         |    |           |
|      | Yes   | Other. Specify   | e Equity Line Of Credit                   |    |           |
| 4.18 | JP Morgan Chase   | Local Addinite of account number                                 |   | Φ. | 65,000.00 |
|      | Priority Creditor's Name                                  | Last 4 digits of account number                                  |   | \$ |           |
|      | Chase Student Loans P.O.IN1-0103 P.O. Box 7013            | When was the debt incurred?                                      | 12/08                                     |    |           |
|      | Indianapolis, IN 46207  Number Street City State Zlp Code | As of the date you file, the claim                               | is: Check all that apply                  |    |           |
|      | Who incurred the debt? Check one.  Debtor 1 only          | ☐ Contingent   |   |    |           |
|      | Debtor 2 only   | ☐ Unliquidated   |   |    |           |
|      | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |   |    |           |
|      | At least one of the debtors and another                   | Type of NONPRIORITY unsecure                                     | d claim:                                  |    |           |
|      | Check if this claim is for a community                    | Student loans  |   |    |           |
|      | debt<br>Is the claim subject to offset?                   | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did |    |           |
|      | ■ No  | ☐ Debts to pension or profit-shari                               | ng plans, and other similar debts         |    |           |
|      | Yes   | ☐ Other. Specify   |   |    |           |
|      |   | Stude  | ent Loan son, Josuha Lamberg              |    |           |

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Page 26 of 57 Case number (if know) Document Debtor 1 Sandra S Lamberg 4.19 0.00 Jpm Chase 8131 Last 4 digits of account number Priority Creditor's Name Opened 9/24/09 Last Po Box 7013 When was the debt incurred? Active 12/12/14 Indianapolis, IN 46207 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ■ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset?  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Employment** Other. Specify 4.20 Jpm Chase 0.00 8130 Last 4 digits of account number \$ Priority Creditor's Name Opened 1/15/09 Last Po Box 7013 When was the debt incurred? Active 12/02/14 Indianapolis, IN 46207 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans deht Is the claim subject to offset? lacksquare Obligations arising out of a separation agreement or divorce that you did not report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Employment** Other. Specify

4.21 Kohls/Capone

Priority Creditor's Name

N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Number Street City State Zlp Code

Last 4 digits of account number

6642

Opened 9/01/87 Last Active 9/01/14

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

2,456.00

| Debto | Case 15-83106 Doc 1   |  | ered 12/16/15 15:09:27<br>27 of 57<br>Case number (if know) | Desc Main |      |
|-------|---|--|---|-----------|------|
|       | Who incurred the debt? Check one.  Debtor 1 only  | ☐ Contingent   |   |           |      |
|       | Debtor 2 only   | ☐ Unliquidated   |   |           |      |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans | d claim:  |           |      |
|       | debt Is the claim subject to offset?  | _  | ration agreement or divorce that you did                    |           |      |
|       | _   | not report as priority claims                              | ,   |           |      |
|       | ■ No  | ☐ Debts to pension or profit-sharin                        |   |           |      |
|       | Yes   | Other. Specify Charg                                       | ge Account  |           |      |
| 4.22  | Manassa, Stassen & Vaclavek, P.C. Priority Creditor's Name  | Last 4 digits of account number                            |   | \$        | 0.00 |
|       | 1000 Hart Road, 3rd Floor<br>Barrington, IL 60010   | When was the debt incurred?                                | 2015  |           |      |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                       | s: Check all that apply                                     |           |      |
|       | Who incurred the debt? Check one.  ☐ Debtor 1 only  | ☐ Contingent   |   |           |      |
|       | Debtor 2 only   | ☐ Unliquidated   |   |           |      |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure                   | 1 claim:  |           |      |
|       | ■ At least one of the debtors and another  ☐ Check if this claim is for a community debt                        | ☐ Student loans  | - Summi   |           |      |
|       | Is the claim subject to offset?   | ☐ Obligations arising out of a sepa                        | aration agreement or divorce that you did                   |           |      |
|       | ■ No  | ☐ Debts to pension or profit-sharin                        | g plans, and other similar debts                            |           |      |
|       | Yes   | Other. Specify Legal                                       | Services  |           |      |
| 4.23  | Nicor   | Last 4 digits of account number                            |   | \$        | 0.00 |
|       | Priority Creditor's Name PO Box 2020  | When was the debt incurred?                                |   | ·         |      |
|       | Aurora, IL 60507-2020  Number Street City State Zlp Code  | As of the date you file, the claim i                       | s: Check all that apply                                     |           |      |
|       | Who incurred the debt? Check one.   | ☐ Contingent   |   |           |      |
|       | ■ Debtor 1 only □ Debtor 2 only   | ☐ Unliquidated   |   |           |      |
|       | ☐ Debtor 1 and Debtor 2 only  | ·  |   |           |      |
|       | At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured                  | d claim:  |           |      |
|       | ☐ Check if this claim is for a community  |  |   |           |      |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa                        | ration agreement or divorce that you did                    |           |      |
|       | ■ No  | Debts to pension or profit-sharin                          | g plans, and other similar debts                            |           |      |
|       | ☐ Yes   | Other. Specify Utilitie                                    | es  |           |      |
| 4.24  | Syncb/Jc Penney Dc  | Last 4 digits of account number                            | 3105  | \$        | 0.00 |
|       | Priority Creditor's Name Po Box 965007 Orlando FL 32896   | When was the debt incurred?                                | Opened 2/16/06  | *         |      |
|       | CIRISTAN EL RUXUR   |  |   |           |      |

Orlando, FL 32896
Number Street City State Zlp Code

As of the date you file, the claim is: Check all that apply

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| .27   | Syncb/Lord & Tay   | Last 4 digits of account number                                      | 2714                                     | \$<br>0.00 |
|-------|--|--|--|------------|
|       | ☐ Yes  | ■ Other. Specify Charg   | e Account                                |            |
|       | ■ No   | not report as priority claims  Debts to pension or profit-sharin     | g plans, and other similar debts         |            |
|       | debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a sepa                                  | ration agreement or divorce that you did |            |
|       | ☐ Check if this claim is for a community                               | ☐ Student loans  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured                            |  |            |
|       | Debtor 2 only  | Unliquidated   |  |            |
|       | Debtor 1 only  |  |  |            |
|       | Who incurred the debt? Check one.                                      | ☐ Contingent   |  |            |
|       | Number Street City State Zlp Code                                      | As of the date you file, the claim is                                | s: Check all that apply                  |            |
|       | Proority Creditor's Name Po Box 965007 Orlando, FL 32896               | When was the debt incurred?  | Opened 12/02/81 Last<br>Active 3/29/04   |            |
| .26   | Syncb/Jcp Priority Creditor's Name                                     | Last 4 digits of account number                                      | 9988                                     | \$<br>0.00 |
|       | Yes  | Other. Specify Charg   | e Account                                |            |
|       | ■ No   | ☐ Debts to pension or profit-sharin                                  | g plans, and other similar debts         |            |
|       | Is the claim subject to offset?  | ☐ Obligations arising out of a sepa<br>not report as priority claims | ration agreement or divorce that you did |            |
|       | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured                            | I claim:                                 |            |
|       | Debtor 2 only  | ☐ Unliquidated   |  |            |
|       | ■ Debtor 1 only  | ·  |  |            |
|       | Who incurred the debt? Check one.                                      | ☐ Contingent   |  |            |
|       | Number Street City State Zlp Code                                      | As of the date you file, the claim i                                 |  |            |
|       | Gradial a Harris   | When was the debt incurred?  | Opened 12/01/81 Last<br>Active 10/01/15  |            |
| .25   | Syncb/Jcp Priority Creditor's Name                                     | Last 4 digits of account number                                      | 9009                                     | \$<br>0.00 |
|       | ☐ Yes  | ■ Other. Specify Credit  | Card                                     |            |
|       | ■ No   | ☐ Debts to pension or profit-sharin                                  | g plans, and other similar debts         |            |
|       | Is the claim subject to offset?  | ☐ Obligations arising out of a sepa<br>not report as priority claims | ration agreement or divorce that you did |            |
|       | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |  |            |
|       | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured  | I claim:                                 |            |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                           | ☐ Unliquidated ☐ Disputed  |  |            |
|       | Debtor 1 only  |  |  |            |
|       | Who incurred the debt? Check one.                                      | ☐ Contingent   |  |            |
| ebloi | Sandra S Lamberg   |  | Case number (if know)                    |            |

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Case number (if know) Debtor 1 Sandra S Lamberg

|      | Po Box 965015<br>Orlando, FL 32896                                     | When was the debt incurred?  | Opened 6/29/08 Last<br>Active 7/28/08     |    |        |  |  |  |
|------|--|--|---|----|--------|--|--|--|
|      | Number Street City State Zlp Code                                      | As of the date you file, the claim i                                 | s: Check all that apply                   |    |        |  |  |  |
|      | Who incurred the debt? Check one.                                      | ☐ Contingent   |   |    |        |  |  |  |
|      | ■ Debtor 1 only  |  |   |    |        |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |   |    |        |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured                            | d claim:                                  |    |        |  |  |  |
|      | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |    |        |  |  |  |
|      | Is the claim subject to offset?  | ☐ Obligations arising out of a sepa<br>not report as priority claims | ration agreement or divorce that you did  |    |        |  |  |  |
|      | ■ No   | ☐ Debts to pension or profit-sharin                                  | g plans, and other similar debts          |    |        |  |  |  |
|      | ☐ Yes  | Other. Specify Charg   | e Account                                 |    |        |  |  |  |
| 1.28 | Syncb/Old Navy   | Last 4 digits of account number                                      | 0461                                      | \$ | 399.00 |  |  |  |
|      | Priority Creditor's Name Po Box 965005 Orlando, El 33806               | When was the debt incurred?  | Opened 5/05/04 Last<br>Active 1/01/15     |    |        |  |  |  |
|      | Number Street City State Zlp Code                                      | Orlando, FL 32896  |   |    |        |  |  |  |
|      | Who incurred the debt? Check one.                                      | ☐ Contingent   |   |    |        |  |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent   |   |    |        |  |  |  |
|      | Debtor 2 only  |  |   |    |        |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |    |        |  |  |  |
|      | At least one of the debtors and another                                | Type of NONPRIORITY unsecured  | d claim:                                  |    |        |  |  |  |
|      | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |    |        |  |  |  |
|      | Is the claim subject to offset?  | ☐ Obligations arising out of a sepanot report as priority claims     | ration agreement or divorce that you did  |    |        |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing                                   | g plans, and other similar debts          |    |        |  |  |  |
|      | Yes  | ■ Other. Specify Charg   | e Account                                 |    |        |  |  |  |
| 1.29 | Visdsnb  | Last 4 digits of account number                                      | 8653                                      | \$ | 0.00   |  |  |  |
|      | Priority Creditor's Name 9111 Duke Blvd Mason, OH 45040                | When was the debt incurred?  | Opened 3/26/07 Last<br>Active 5/19/07     |    |        |  |  |  |
|      | Number Street City State Zlp Code                                      | As of the date you file, the claim i                                 | s: Check all that apply                   |    |        |  |  |  |
|      | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Contingent   |   |    |        |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |   |    |        |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |   |    |        |  |  |  |
|      | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured  | d claim:                                  |    |        |  |  |  |
|      | ☐ Check if this claim is for a community                               | ☐ Student loans  |   |    |        |  |  |  |
|      | debt<br>Is the claim subject to offset?                                | ☐ Obligations arising out of a sepa<br>not report as priority claims | aration agreement or divorce that you did |    |        |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing                                   | g plans, and other similar debts          |    |        |  |  |  |
|      | Yes  | Other. Specify Credit  | t Card                                    |    |        |  |  |  |
|      |  |  |   |    |        |  |  |  |

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Debtor 1 Sandra S Lamberg

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address -NONE-

On which entry in Part 1 or Part2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total claim |            |
|--------------|-----|---|-----|-------------|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$          | 0.00       |
| Total claims |     |   |     |             |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$          | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$          | 0.00       |
|              |     |   | _   |             |            |
|              | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$          | 0.00       |
|              |     |   |     | Total Claim |            |
|              | 6f. | Student loans   | 6f. | \$          | 65,000.00  |
| Total claims |     |   |     |             |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$          | 35,433.00  |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$          | 100,433.00 |

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| Fill in this infor  | mation to identify your  | case:             |             |                                   |
|---------------------|--------------------------|-------------------|-------------|-----------------------------------|
| Debtor 1            | Sandra S Lamber          | g                 |             |                                   |
|                     | First Name               | Middle Name       | Last Name   |                                   |
| Debtor 2            |                          |                   |             |                                   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                   |
| Case number         |                          |                   |             |                                   |
| (if known)          |                          |                   |             | ☐ Check if this is amended filing |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for   |
|-----|---|---|
| 2.1 | Manassa, Stassen & Vaclavek P.C.<br>1000 Hart Rd., 3rd floor<br>Barrington, IL 60010                      | Contraxct for leagal services in connection with divorce proceedings. Fees and costs are based upon time and expense. |
| 2.2 | William Anderton<br>54094 E 328 Road<br>Jay, OK 74346   | Month to Month oral agreement \$930 per month   |

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|                        |   | Document   | Page 32 of 57                      |  |
|------------------------|---|--|------------------------------------|--|
| Fill in thi            | s information to identify your                                      | case:  |                                    |  |
| Debtor 1               | Sandra S Lamber   | a  |                                    |  |
| DODIOI I               | First Name  | Middle Name  | Last Name                          | _  |
| Debtor 2               |   |  |                                    | _  |
| (Spouse if, fi         | iling) First Name   | Middle Name  | Last Name                          |  |
| United St              | ates Bankruptcy Court for the:                                      | NORTHERN DISTRICT OF I                                 | LLINOIS                            | _  |
| Case nun               | nher  |  |                                    |  |
| (if known)             |   |  |                                    | ☐ Check if this is an  |
|                        |   |  |                                    | amended filing   |
| O.(                    | 1.5   |  |                                    |  |
|                        | al Form 106H  |  |                                    |  |
| Sche                   | dule H: Your Code   | ebtors   |                                    | 12/15  |
| ill it out,<br>our nam | and number the entries in the<br>e and case number (if known)       | boxes on the left. Attach the . Answer every question. |                                    | ce is needed, copy the Additional Page,<br>the top of any Additional Pages, write  |
| □ No                   |   |  |                                    |  |
| ■ Ye                   | es  |  |                                    |  |
| O 14/                  | thin the last Overse bave very                                      |  | to state an tamitam 2 (Camana mito | property states and territories include  |
|                        |   |  | Rico, Texas, Washington, and Wisc  |  |
| ■ No                   | o. Go to line 3.  |  |                                    |  |
| ☐ Ye                   | es. Did your spouse, former spou                                    | use, or legal equivalent live with                     | you at the time?                   |  |
|                        |   |  |                                    |  |
| in lin<br>Form         | e 2 again as a codebtor only i                                      | f that person is a guarantor o                         | r cosigner. Make sure you have li  | is filing with you. List the person shown sted the creditor on Schedule D (Official lule D, Schedule E/F, or Schedule G to |
|                        | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI | P Code   |                                    | he creditor to whom you owe the debt hedules that apply:   |
| 3.1                    | Bruce J. Lambera  |  | По                                 | D. I'  |
| 3.1                    | P.O. Box 292  |  | ☐ Schedul                          | e D, line<br>e E/F, line   |
|                        | Wonder Lake, IL 60097   |  | ☐ Schedul                          |  |
|                        |   |  |                                    | - · · · · · · · · · · · · · · · · · · ·  |
| 3.2                    | Bruce J. Lamberg  |  | ∏ Schedul                          | e D, line  |
| 0.2                    | P.O. Box 292  |  |                                    | e E/F, line 4.22   |
|                        | Wonder Lake, IL 60097   |  | ☐ Schedul                          |  |
|                        |   |  |                                    | Stassen & Vaclavek, P.C.   |
|                        |   |  | _                                  |  |
| 3.3                    | Joshua R. Lamberg   |  |                                    | e D, line  |
|                        | 1365 Legacy Trail<br>Elizabeth, CO 80107                            |  |                                    | e E/F, line <b>4.18</b>  |
|                        | usonii, oo oo io i  |  | ☐ Schedul                          |  |
|                        |   |  | JP Morgan                          | Cnase  |

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| Debtor 1 | Sandra S Lamberg  | Case number (if known)  |
|----------|---|---|
|          | Additional Page to List More Codebtors                    |   |
|          | Column 1: Your codebtor                                   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:                   |
| 3.4      | Bruce J. Lamberg<br>P.O. Box 292<br>Wonder Lake, IL 60097 | ☐ Schedule D, line<br>☐ Schedule E/F, line<br>☐ Schedule G2.2<br>Manassa, Stassen & Vaclavek P.C. |

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| Fill                  | in this information to identi   | fv vour ca       | ase:                       |                                   |          |     | I              |            |                        |                |       |
|-----------------------|---|------------------|----------------------------|-----------------------------------|----------|-----|----------------|------------|------------------------|----------------|-------|
|                       |   | lra S La         |                            |                                   |          |     |                |            |                        |                |       |
|                       | otor 2  |                  |                            |                                   |          |     |                |            |                        |                |       |
| Uni                   | ted States Bankruptcy Cou   | ırt for the      | NORTHERN DISTRIC           | CT OF ILLINOIS                    |          |     |                |            |                        |                |       |
|                       | se number<br>   |                  |                            | -                                 |          |     | □ Ar           |            | d filing<br>ent showin | g postpetition |       |
| <u>O</u> 1            | fficial Form 106  | <u> </u>         |                            |                                   |          |     | $\overline{M}$ | M / DD/ Y  | YYY                    |                |       |
| S                     | chedule I: You  | r Inco           | ome                        |                                   |          |     |                |            |                        |                | 12/15 |
| atta                  | use. If you are separated ch a separate sheet to thi  t1: Describe Employment information.                        | is form. (       |                            |                                   |          |     |                | imber (if  | known). <i>A</i>       |                |       |
|                       | If you have more than on  | e iob.           |                            | ■ Employed                        |          |     |                | ☐ Emplo    | yed                    |                |       |
|                       | attach a separate page w information about additio  | /ith             | Employment status          | ☐ Not employed                    |          |     |                | □ Not er   | nployed                |                |       |
|                       | employers.  |                  | Occupation                 | General Admin                     | istratio | n   |                |            |                        |                |       |
|                       | Include part-time, seasor self-employed work.   | nal, or          | Employer's name            | Alpha Swiss Inc                   | dustries | 5   |                |            |                        |                |       |
|                       | Occupation may include or homemaker, if it applied  |                  | Employer's address         | 700 Tek Drive<br>Crystal Lake, IL | _ 60014  |     |                |            |                        |                |       |
|                       |   |                  | How long employed t        | here? 2.5 yea                     | ırs      |     |                | _          |                        |                |       |
| Par                   | t 2: Give Details Ab  | out Mon          | thly Income                |                                   |          |     |                |            |                        |                |       |
| <b>Esti</b> i<br>spou | mate monthly income as<br>use unless you are separat<br>u or your non-filing spouse<br>e space, attach a separate | of the da<br>ed. | ate you file this form. If | ,                                 | •        | •   |                | that perso | on on the l            | •              | J     |
|                       |   |                  |                            |                                   |          |     | roi Den        |            |                        | ng spouse      |       |
| 2.                    | List monthly gross wag deductions). If not paid r   |                  |                            |                                   | 2.       | \$  | 2,             | 788.00     | \$                     | N/A            |       |
| 3.                    | Estimate and list month   | nly overti       | me pay.                    |                                   | 3.       | +\$ |                | 0.00       | +\$                    | N/A            |       |
| 4.                    | Calculate gross Income  | . Add lir        | e 2 + line 3.              |                                   | 4.       | \$  | 2,78           | 8.00       | \$                     | N/A            |       |

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| Debte | or 1                            | Sandra S Lamberg   |   | Case                 | number (if known)                                      |                                 |   |                |
|-------|---------------------------------|--|---|----------------------|--|---------------------------------|---|----------------|
|       | Con                             | by line 4 here   | 4.  | For<br>\$            | Debtor 1 2,788.00                                      | For Deb                         | tor 2 or<br>ng spouse<br>N/A                  |                |
| _     | ·                               | *  |   | _                    | 2,100.00   |                                 | 1474  |                |
| 5.    | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | all payroll deductions:  Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:   | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h.+ | \$                   | 571.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$                              | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |                |
| 6.    | Add                             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.  | \$                   | 571.00   | \$                              | N/A   |                |
| 7.    | Cal                             | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.  | \$                   | 2,217.00   | \$                              | N/A   |                |
| 8.    | 8b. 8c. 8d. 8e. 8f. 8g. 8h.     | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e.                                     | \$<br>\$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | \$<br>\$<br>\$<br>\$<br>\$<br>+ | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A        | ٦              |
| 9.    | Add                             | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.  | \$                   | 0.00   | \$                              | N/A   |                |
| 10.   |                                 | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$  |                      | 2,217.00 + \$  | N                               | <b>/A</b> = \$                                | 2,217.00       |
| 11.   | Inclu<br>othe<br>Do i           | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not cify:   | depen   |                      | •  | sted in Sche                    | edule J.<br>11. +\$                           | 0.00           |
| 12.   |                                 | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certalies  |   |                      |  | ta, if it                       | 2. \$Combin                                   | 2,217.00<br>ed |
| 13.   | Do :                            | you expect an increase or decrease within the year after you file this form No.  Yes. Explain:   | ?   |                      |  |                                 |   | income         |

Official Form 106I Schedule I: Your Income page 2

| Debtor 1 Sandra S Lamberg  | Fill  | in this information to identify your case:                           |                      |                     |                |                     |
|--|-------|--|----------------------|---------------------|----------------|---------------------|
| Spouse, if filing    13 expenses as of the following date:   | Deb   | Sandra S Lamberg   |                      |                     |                |                     |
| United States Bankruptey Count for the: NORTHERN DISTRICT OF ILLINOIS  Official Form 106J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part II: Describe Your Household  1. Is this a joint case?  No. Go to line 2.  Yes. Deso Pobtor 2 must lile Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents?  No  Do not list Debtor 1  Yes. Fill out this information for each dependent names.  Dependent's relationship to Dependent's names.  Dependent's relationship to Debtor 2  Separate Household of Debtor 2.  2. Do you have dependents?  No  Do not list Debtor 1  Yes. Fill out this information for each dependent names.  No  Yes.  No  No  Yes.  No  No  Yes.  No  Yes.  No  No  No  Yes.  No  No  Yes.  No  No  Yes.  No  No  No  Yes.  No  No  No  Yes.  No  No  Yes.  No  No  No  Yes.  No  No  Yes.  No  No  Yes.  No  No  No  Yes.  No  No  Yes.  No  No  No  No  No  No  No  No  No  N   |       |  |                      |                     |                |                     |
| Case number (If known)    Comparison   Compa | ` '   | ,  |                      |                     |                | the following date. |
| Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Tatl   | Unite | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN       | OIS                  |                     | MM / DD / YYYY |                     |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    No. Go to line 2.   Yes. Does Debtor 2 live in a separate household?   No.   Yes. Debtor 2 must file Official Form 106.1-2, Expenses for Separate Household of Debtor 2.   Do you have dependents?   No.   No.  |       |  |                      |                     |                |                     |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Answer every question.   | Of    | fficial Form 106J  |                      |                     |                |                     |
| information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    attal   Describe Your Household   | Sc    | chedule J: Your Expenses   |                      |                     |                | 12/15               |
| 1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No.  Do you have dependents?  No.  Do you have dependents?  No.  Do not list Debtor 1  No.  Do not list Debtor 1  No.  Pes.  Fill out this information for bebtor 2  Do not state the dependents names.  No.  Yes.  No.  Yes.  Sill out this information for bebtor 1  No.  Yes.  No.  Yes.  No.  Yes.  No.  Yes.  No.  Yes.  3. Do your expenses include expenses of people other than yourself and your dependents?  Include expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061.)  1 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  1 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4 Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. \$ 0.00  4d. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  0.00   | info  | ormation. If more space is needed, attach another sheet to this      |                      |                     |                |                     |
| No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No. Oo to line 2.  No. Oo you have dependents?  No. Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  No. Oo not state the dependents names.  Do not state the dependents names.  No. Oo you're expenses include expenses of people other than yourself and your dependents?  No. Oo you're expenses include expenses of people other than yourself and your dependents.  No. Oo you're expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income  (Official Form 106I.)  If not included in line 4:  4a. Real estate taxes  4a. \$  0.00  4b. Property, homeowner's, or renter's insurance  4c. \$  0.00  4d. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  0.00  |       |  |                      |                     |                |                     |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents?   No    Do not list Debtor 1  |       | ■ No. Go to line 2.  |                      |                     |                |                     |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  No yes  No No Your expenses of people other than your dependents?  The stimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance  4b. Property, homeowner's, or renter's insurance  4c. \$ 0.000 4d. Home owner's association or condominium dues  |       | — · · · ·  | s for Separate House | <i>ehold</i> of Deb | tor 2.         |                     |
| and Debtor 2.  Debtor 1 or Debtor 2 age live with you?  Do not state the dependents names.  Do not state the dependents names.  Do not state the dependents names.  Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  Ad. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  Ad. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  Ad. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  | 2.    | Do you have dependents? ■ No   |                      |                     |                |                     |
| dependents names.    Yes   No   No   Yes    |       | <b>— 100.</b>  |                      |                     | •              |                     |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4c. \$ 0.00  4d. Homeowner's association or condominium dues  4d. \$ 0.00   |       |  |                      |                     |                | =                   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Homeowner's association or condominium dues  4d. \$ 0.00   |       |  |                      |                     |                |                     |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Homeowner's association or condominium dues  4d. \$ 0.00  |       |  |                      |                     |                | = :                 |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. \$ 0.00  4d. Home maintenance, repair, and upkeep expenses  4c. \$ 0.00  4d. Homeowner's association or condominium dues   |       |  |                      |                     |                | =                   |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$ 0.00  4d. Homeowner's association or condominium dues  4d. \$ 0.00  4d. \$ 0.00  |       |  |                      |                     |                |                     |
| expenses of people other than yourself and your dependents?    Part 2:   | 2     | Do your expenses include   |                      |                     |                | ☐ Yes               |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues   | Э.    | expenses of people other than  |                      |                     |                |                     |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 930.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. Homeowner's association or condominium dues  4d. \$ 0.00  1d. \$ 0.00   |       |  |                      |                     |                |                     |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 930.00  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4d. \$ 0.00  4d. \$ 0.00   | exp   | penses as of a date after the bankruptcy is filed. If this is a supp |                      |                     |                |                     |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4d. \$ 930.00  4d. \$ 930.00   | the   | value of such assistance and have included it on Schedule I: Y       |                      |                     | Your exp       | enses               |
| payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4. \$ 930.00  4a. \$ 0.00  4b. \$ 0.00  4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00  | (OII  | nciai Form 1001.)  |                      |                     | Tour oxp       |                     |
| 4a.Real estate taxes4a.\$4b.Property, homeowner's, or renter's insurance4b.\$4c.Home maintenance, repair, and upkeep expenses4c.\$4d.Homeowner's association or condominium dues4d.\$  | 4.    |  | nclude first mortgag | e<br>4. \$          |                | 930.00              |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  0.00  0.00  |       | If not included in line 4:   |                      |                     |                |                     |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  0.00  0.00  |       | 4a. Real estate taxes  |                      | 4a. \$              |                | 0.00                |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00  |       |  |                      | 4b. \$              |                |                     |
| ·  |       |  |                      |                     |                |                     |
|  | 5.    |  | me equity loans      |                     |                |                     |

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| Deb | otor 1  | Sandra S      | S Lamberg   | Case i                        | num        | ber (if known)     |                          |
|-----|---------|---------------|---|-------------------------------|------------|--------------------|--------------------------|
| 6   | Utiliti | ioci          |   |                               |            |                    |                          |
| 6.  | 6a.     |               | , heat, natural gas   |                               | 6a.        | ¢                  | 175.00                   |
|     | 6b.     |               | wer, garbage collection   |                               | 6b.        | ·                  | 175.00                   |
|     |         |               | e, cell phone, Internet, satellite, and cable services                      |                               |            |                    | 0.00                     |
|     | 6c.     |               |   |                               | 6c.        | ·                  | 250.00                   |
| 7   | 6d.     | Other. Sp     |   |                               | 6d.        | ·                  | 0.00                     |
| 7.  |         |               | ekeeping supplies   |                               | 7.         | · .                | 350.00                   |
| 8.  |         |               | children's education costs  |                               | 8.         |                    | 0.00                     |
| 9.  |         | _             | lry, and dry cleaning   |                               | 9.         | ·                  | 25.00                    |
|     |         |               | products and services   |                               | 10.        | *                  | 50.00                    |
| 11. |         |               | ntal expenses   |                               | 11.        | \$                 | 60.00                    |
| 12. |         |               | . Include gas, maintenance, bus or train fare.                              |                               | 12.        | ¢                  | 250.00                   |
| 10  |         |               | ar payments.  |                               |            | ·                  |                          |
|     |         |               | clubs, recreation, newspapers, magazines, and b                             |                               | 13.        |                    | 25.00                    |
|     |         |               | ributions and religious donations   |                               | 14.        | \$                 | 0.00                     |
| 15. | Insur   |               |   | 4 20                          |            |                    |                          |
|     |         |               | nsurance deducted from your pay or included in lines                        |                               | E0         | ¢                  | 0.00                     |
|     |         | Life insura   |   |                               | 5a.        | ·                  | 0.00                     |
|     |         | Health ins    |   |                               | 5b.        | ·                  | 0.00                     |
|     |         | Vehicle in:   |   |                               | 5c.        | ·                  | 70.00                    |
|     |         |               | urance. Specify:  |                               | 5d.        | \$                 | 0.00                     |
| 16. |         |               | nclude taxes deducted from your pay or included in li                       |                               |            | •                  |                          |
|     | Spec    | ,             |   |                               | 16.        | \$                 | 0.00                     |
| 17. |         |               | ease payments:  | 4.                            | <b>7</b> - | ф                  | 202.00                   |
|     |         |               | ents for Vehicle 1  |                               | 7a.        | ·                  | 389.00                   |
|     |         |               | ents for Vehicle 2  |                               | 7b.        | ·                  | 0.00                     |
|     |         | Other. Spe    |   |                               | 7c.        | ·                  | 0.00                     |
|     |         | Other. Spe    |   |                               | 7d.        | \$                 | 0.00                     |
| 18. | Your    | payments      | of alimony, maintenance, and support that you o                             | id not report as              | 18.        | ¢                  | 0.00                     |
| 40  |         |               | your pay on line 5, Schedule I, Your Income (Offi                           | olal i Olilli 1001 <i>)</i> . | 10.        | ·                  |                          |
| 19. |         |               | s you make to support others who do not live wit                            |                               | 40         | \$                 | 0.00                     |
| 00  | Spec    | ,             | anticonnection of the body of the Body Ann English                          |                               | 19.        |                    |                          |
| 20. |         |               | erty expenses not included in lines 4 or 5 of this                          |                               |            |                    | 0.00                     |
|     |         |               | s on other property   |                               | 0a.        | ·                  | 0.00                     |
|     |         | Real estat    |   |                               | 0b.        | ·                  | 0.00                     |
|     |         |               | homeowner's, or renter's insurance  |                               | 0c.        | ·                  | 0.00                     |
|     |         |               | nce, repair, and upkeep expenses  |                               | 0d.        | ·                  | 0.00                     |
|     | 20e.    | Homeown       | er's association or condominium dues  | 2                             | 0e.        | \$                 | 0.00                     |
| 21. | Othe    | r: Specify:   |   |                               | 21.        | +\$                | 0.00                     |
| 22  | Color   | ulata varir   | monthly avnoyage  |                               |            |                    |                          |
| 22. |         | -             | monthly expenses  |                               |            | •                  | 2 574 00                 |
|     |         |               | through 21.   | al Farra 400 L 0              |            | \$                 | 2,574.00                 |
|     |         |               | 2 (monthly expenses for Debtor 2), if any, from Offic                       | ai Form 106J-2                |            | \$                 |                          |
|     | 22c. /  | Add line 22   | a and 22b. The result is your monthly expenses.                             |                               |            | \$                 | 2,574.00                 |
| 23  | Calc    | ulate vour    | monthly net income.   |                               |            |                    |                          |
| ۷۵. |         | -             | 12 (your combined monthly income) from Schedule                             | <b>o</b>                      | 3a.        | \$                 | 2 247 00                 |
|     |         |               |   |                               |            |                    | 2,217.00                 |
|     | ∠30.    | Copy your     | monthly expenses from line 22c above.                                       | 2                             | 3b.        | -φ                 | 2,574.00                 |
|     | 220     | Subtract      | your monthly expenses from your monthly income                              |                               |            |                    |                          |
|     | ∠3C.    |               | your monthly expenses from your monthly income. is your monthly net income. | 2                             | 3c.        | \$                 | -357.00                  |
|     |         | THE TESUIL    | . 13 your monuny nec moonle.  | _                             |            | <u> </u>           |                          |
| 24  | Do ve   | ou expect :   | an increase or decrease in your expenses within                             | the year after you file       | this       | s form?            |                          |
|     | For ex  | kample, do vo | ou expect to finish paying for your car loan within the year or o           | o you expect your mortgag     | e pa       | ayment to increase | or decrease because of a |
|     |         |               | terms of your mortgage?   | ,                             |            |                    |                          |
|     | ■ No    | 0.            |   |                               |            |                    |                          |
|     | □ Ye    |               | Explain here:   |                               |            |                    |                          |
|     |         | · · ·         | 1 4   |                               |            |                    |                          |

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| Fill in this                   | information to identify your                                 | case:                    |                           |  |  |
|--------------------------------|--|--------------------------|---------------------------|--|--|
| Debtor 1                       | Sandra S Lamber  | a                        |                           |  |  |
|                                | First Name   | Middle Name              | Last Name                 |  |  |
| Debtor 2<br>(Spouse if, filing | ing) First Name  | Middle Name              | Last Name                 |  |  |
| United Sta                     | ates Bankruptcy Court for the:                               | NORTHERN DISTRICT        | OF ILLINOIS               |  |  |
| Case num<br>(if known)         | ber  |                          |                           |  | ☐ Check if this is an amended filing             |
| Official                       | Form 106Dec  |                          |                           |  |  |
| Decla                          | aration About a  | n Individual             | <b>Debtor's Sc</b>        | hedules  | 12/15  |
|                                | ooth. 18 U.S.C. §§ 152, 1341, 1                              |                          | nupicy case can result    | iii iiies up to \$250,0  | 00, or imprisonment for up to 20                 |
| Did y                          | ou pay or agree to pay some                                  | one who is NOT an atto   | rney to help you fill out | bankruptcy forms?  |  |
|                                | No   |                          |                           |  |  |
|                                | Yes. Name of person  |                          |                           | ttach <i>Bankruptcy Petit</i><br>d <i>Signature</i> (Official Fo | ion Preparer's Notice, Declaration,<br>orm 119). |
|                                | r penalty of perjury, I declare<br>hey are true and correct. | that I have read the sum | nmary and schedules file  | ed with this declarati   | on and   |
| X /s                           | s/ Sandra S Lamberg  |                          | X                         |  |  |
| S                              | andra S Lamberg<br>ignature of Debtor 1                      |                          | Signature of              | Debtor 2   |  |

Date

Date December 16, 2015

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| Fill i        | n this inforn           | nation to identify you    | r case:   |   |                      |   |
|---------------|-------------------------|---------------------------|---|---|----------------------|---|
| Debt          | or 1                    | Sandra S Lambe            | erg   |   |                      |   |
| Date          | 0                       | First Name                | Middle Name   | Last Name   |                      |   |
| Debt<br>(Spou | or 2<br>se if, filing)  | First Name                | Middle Name   | Last Name   |                      |   |
| Unite         | ed States Ba            | nkruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS   |                      |   |
| Case          | e number                |                           |   |   |                      |   |
| (if kno       | wn)                     |                           |   |   |                      | Check if this is an amended filing                    |
| Off           | icial Fo                | rm 107                    |   |   |                      |   |
|               |                         |                           | Affairs for Indivi  | duals Filing for                                      | Bankruptcy           | 12/1  |
| infor         | mation. If m            |                           | ible. If two married people<br>, attach a separate sheet to<br>stion.             |   |                      |   |
| Part          | 1: Give D               | Details About Your Ma     | arital Status and Where Yo  | u Lived Before  |                      |   |
| 1. '          | What is you             | r current marital statu   | ıs?   |   |                      |   |
|               | ■ Married □ Not mar     | ried                      |   |   |                      |   |
| 2.            | During the la           | ast 3 years, have you     | lived anywhere other than   | where you live now?                                   |                      |   |
|               |                         |                           | ·   | ·   |                      |   |
|               | No Yes. Lis             | t all of the places you   | lived in the last 3 years. Do i   | not include where you live r                          | now.                 |   |
|               | Debtor 1 Pr             | ior Address:              | Dates Debtor 1 lived there  | Debtor 2 Prior  | Address:             | Dates Debtor 2<br>lived there                         |
|               | 8105 E. Me<br>Wonder La | eadow Lane<br>ake, Illino | From-To:<br><b>2/14/88 to 12/</b>   | ☐ Same as Debto                                       | or 1                 | ☐ Same as Debtor 1 From-To:                           |
|               | s and territori         | ies include Arizona, Ca   | ver live with a spouse or lealifornia, Idaho, Louisiana, No                       | evada, New Mexico, Puerto                             |                      | erritory? (Community propert<br>and Wisconsin.)       |
| Part          | 2 Explai                | n the Sources of You      | ır Income   | ·   |                      |   |
|               | Fill in the tota        | al amount of income yo    | nployment or from operation received from all jobs and have income that you recei | all businesses, including p                           | art-time activities. | s calendar years?                                     |
|               | ■ No<br>□ Yes. Fill     | I in the details.         |   |   |                      |   |
|               |                         |                           | Debtor 1  |   | Debtor 2             |   |
|               |                         |                           | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income    | Gross income<br>(before deductions<br>and exclusions) |
|               |                         |                           |   |   |                      |   |

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| 5. | Did y | you receive an | y other income | during this | year or the two | previous calendar | years? |
|----|-------|----------------|----------------|-------------|-----------------|-------------------|--------|
|----|-------|----------------|----------------|-------------|-----------------|-------------------|--------|

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

| lo |
|----|
| lo |
|    |

Yes. Fill in the details.

| Debtor 1                            |   | Debtor 2                             |   |
|-------------------------------------|---|--------------------------------------|---|
| Sources of income<br>Describe below | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |

#### List Certain Payments You Made Before You Filed for Bankruptcy

|  |  | primarily consumer |  |
|--|--|--------------------|--|
|  |  |                    |  |
|  |  |                    |  |

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

 $\square$  No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

#### Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address                           | Dates of payment        | Total amount paid | Amount you still owe | Was this payment for  |  |
|---|-------------------------|-------------------|----------------------|---|--|
| William Anderton<br>54094 E 328 Road<br>Jay, OK 74346 | Sept, Oct, Nov,<br>2015 | \$2,790.00        | \$0.00               | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>■ Other Residential Lease</li> </ul> |  |
| Pncbank<br>2730 Liberty Ave<br>Pittsburgh, PA 15222   | Sept, Oct, Nov.         | \$1,170.00        | \$12,678.00          | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul>                   |  |

Case 15-83106 Doc 1 Filed 12/16/15 Entered 12/16/15 15:09:27 Page 41 of 57 Document ase number (if known) Debtor 1 Sandra S Lamberg Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Bruce Lamberg v. Sandra Lamberg **Divorce** Twenty-Second Judicial Pending 14 DV 437 Circuit □ On appeal McHenry □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. Nο ☐ Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the

property Explain what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Nο

Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Date action was **Amount** taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

П Yes

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| Pa  | t 5: List Certain Gifts and Contributions  |                       |   |   |                           |
|-----|--|-----------------------|---|---|---------------------------|
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.                                   | ptcy,                 | did you give any gifts with a total value of more   | than \$600 per persor   | ?                         |
|     | Gifts with a total value of more than \$600 per person   |                       | Describe the gifts  | Dates you gave the gifts  | Value                     |
|     | Person to Whom You Gave the Gift and Address:  |                       |   |   |                           |
| 14. | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift or cor                                 |                       | did you give any gifts or contributions with a to   | tal value of more thar  | \$600 to any charity      |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) |                       | Describe what you contributed   | Dates you contributed   | Value                     |
| Pai | rt 6: List Certain Losses  |                       |   |   |                           |
| 13. | disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Ir             | <b>Desci</b><br>nclud | r since you filed for bankruptcy, did you lose any ribe any insurance coverage for the loss le the amount that insurance has paid. List mg insurance claims on line 33 of Schedule A/B: | Date of your loss   | Value of property<br>lost |
|     | consulted about seeking bankruptcy or pro-<br>Include any attorneys, bankruptcy petition pre                                   | epar                  | did you or anyone else acting on your behalf pay ing a bankruptcy petition? ers, or credit counseling agencies for services requir  |   | erty to anyone you        |
|     | No   |                       |   |   |                           |
|     | Yes. Fill in the details.  Person Who Was Paid  Address  Email or website address  Person Who Made the Payment, if Not You     | ы                     | Description and value of any property transferred   | Date payment or transfer was made   | Amount of payment         |
|     | Steven J. Brody & Associates, Ltd.<br>15 W. Woodstock Street<br>Crystal Lake, IL 60014<br>steve@sjbrodylaw.com                 |                       | Money   | October 10,<br>2015<br>Payment<br>includes filing<br>fee of \$335<br>and credit<br>report costs<br>\$38 | \$2,373.00                |
| 17. | promised to help you deal with your credit Do not include any payment or transfer that you  No                                 | tors                  |   | or transfer any prope   | erty to anyone who        |
|     | Yes. Fill in the details.  |                       | Description and value of any property   | Date was my surf  | A                         |
|     | Person Who Was Paid<br>Address   |                       | Description and value of any property transferred   | Date payment or transfer was made   | Amount of payment         |

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|     | transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have already  | ade as security (such as          | the granting of   | a security i | interest or mortgage on yo   | ur property). Do            | o not                         |
|-----|---|-----------------------------------|---|--------------|--|-----------------------------|-------------------------------|
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |                                   |   |              |  |                             |                               |
|     | Person Who Received Transfer<br>Address   | Description and property transfer |   | paym         | ribe any property or<br>nents received or debts<br>in exchange       | Date transfe<br>made        | er was                        |
|     | Person's relationship to you<br>Keith Barnett<br>8105 E. Meadow Lane<br>Wonder Lake, IL 60097   | Sale of home/R<br>\$153,000       | Real Estate   | price        | 8,000 gross sales<br>e<br>619 net proceeds                           | 12/12/14                    |                               |
|     | None  |                                   |   |              |  |                             |                               |
| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details.  Name of trust  |                                   |   |              |  | e of which you  Date Transf |                               |
|     |   |                                   |   | .,,          |  | made                        |                               |
| Pai | rt 8: List of Certain Financial Accounts, In  | struments, Safe Depos             | it Boxes, and S   | torage Un    | its  |                             |                               |
|     | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso □ No ■ Yes. Fill in the details. | or other financial accou          | unts; certificate<br>ancial institutio  | s of depo    | sit; shares in banks, cred   | dit unions, bro             | kerage                        |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number   | Type of account or instrument   |              | Date account was<br>closed, sold,<br>moved, or<br>transferred        | before clo                  | oalance<br>sing or<br>ransfer |
|     | PNC Bank<br>5745 Northwest Highway<br>Crystal Lake, IL 60014  | xxxx-0                            | ■ Checking  □ Savings  □ Money Market □ Brokerage □ Other                     |              | •  | :                           | \$11.97                       |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed fo          | or bankruptcy, a  | ıny safe de  | eposit box or other depo   | sitory for secu             | ırities,                      |
|     | □ No  |                                   |   |              |  |                             |                               |
|     | Yes. Fill in the details.   |                                   |   |              |  |                             |                               |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  |                                   | Who else had access to it? Address (Number, Street, City, State and ZIP Code) |              | Describe the contents  |                             | till                          |
|     | McHenry Bank and Trust<br>2205 N. Richmond Road<br>McHenry, IL 60050  | Debtor and her<br>Bruce Lamberg   |   | docume       | al papers and<br>ents of no value.<br>is of value with kept ir<br>k. | ■ No<br>□ Yes               |                               |

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| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy  No |  |   |                                       |                         |  |  |  |  |
|--|--|---|---------------------------------------|-------------------------|--|--|--|--|
|  | ■ No □ Yes. Fill in the details.   |   |                                       |                         |  |  |  |  |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Describe the contents                 | Do you still have it?   |  |  |  |  |
| Par  | 9: Identify Property You Hold or Control for   | r Someone Else  |                                       |                         |  |  |  |  |
| 23.  | Do you hold or control any property that some for someone.   | one else owns? Include any proper   | ty you borrowed from, are storing fo  | or, or hold in trust    |  |  |  |  |
|  | ■ No<br>□ Yes. Fill in the details.  |   |                                       |                         |  |  |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Describe the property                 | Value                   |  |  |  |  |
| Par  | 10: Give Details About Environmental Inform  | nation  |                                       |                         |  |  |  |  |
| For  | he purpose of Part 10, the following definition  | s apply:  |                                       |                         |  |  |  |  |
|  | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su | air, land, soil, surface water, groun   |                                       |                         |  |  |  |  |
|  | Site means any location, facility, or property as to own, operate, or utilize it, including disposa  |   | law, whether you now own, operate,    | , or utilize it or used |  |  |  |  |
|  | Hazardous material means anything an enviro<br>hazardous material, pollutant, contaminant, or  |   | s waste, hazardous substance, toxic   | substance,              |  |  |  |  |
| Rep  | ort all notices, releases, and proceedings that y  | you know about, regardless of whe   | n they occurred.                      |                         |  |  |  |  |
| 24.  | Has any governmental unit notified you that yo   | ou may be liable or potentially liable  | under or in violation of an environr  | mental law?             |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |   |                                       |                         |  |  |  |  |
|  | Name of site   | Governmental unit   | Environmental law, if you             | Date of notice          |  |  |  |  |
|  | Address (Number, Street, City, State and ZIP Code)   | Address (Number, Street, City, State and ZIP Code)  |                                       |                         |  |  |  |  |
| 25.  | Have you notified any governmental unit of any release of hazardous material?  |   |                                       |                         |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |   |                                       |                         |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)                    | Environmental law, if you know it     | Date of notice          |  |  |  |  |
| 26.  | Have you been a party in any judicial or admin   | istrative proceeding under any env  | ironmental law? Include settlements   | and orders.             |  |  |  |  |
|  | ■ No<br>□ Yes. Fill in the details.  |   |                                       |                         |  |  |  |  |
|  | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)                       | Nature of the case                    | Status of the case      |  |  |  |  |
| Par  | 11: Give Details About Your Business or Co   | nnections to Any Business   |                                       |                         |  |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy,  | , did you own a business or have ar   | ny of the following connections to ar | ny business?            |  |  |  |  |
|  | ☐ A sole proprietor or self-employed in a  | trade, profession, or other activity  | either full-time or part-time         |                         |  |  |  |  |
|  | ☐ A member of a limited liability compan   | y (LLC) or limited liability partnersh  | nip (LLP)                             |                         |  |  |  |  |
| Offici   | al Form 107 Statement  | of Financial Affairs for Individuals Filing   | for Bankruptcy                        | page 6                  |  |  |  |  |

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|                     | _  |  |   |
|---------------------|--|--|---|
|                     | ☐ A partner in a partnership   |  |   |
|                     | ☐ An officer, director, or managing ex   | ecutive of a corporation                       |   |
|                     | ☐ An owner of at least 5% of the votin   | g or equity securities of a corporation        |   |
|                     | ■ No. None of the above applies. Go to   | Part 12.                                       |   |
|                     | ☐ Yes. Check all that apply above and fill   | in the details below for each business.        |   |
|                     | Business Name<br>Address   | Describe the nature of the business            | Employer Identification number Do not include Social Security number or ITIN.                                     |
|                     | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper               | ·   |
|                     |  |  | Dates business existed  |
| 28.                 | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to ar  | nyone about your business? Include all financial  |
|                     | ■ No   |  |   |
|                     | Yes. Fill in the details below.  |  |   |
|                     | Name Address (Number, Street, City, State and ZIP Code)                                | Date Issued                                    |   |
| Pai                 | t 12: Sign Below   |  |   |
| are<br>with<br>18 U |  | false statement, concealing property, or o     | declare under penalty of perjury that the answers btaining money or property by fraud in connection irs, or both. |
|                     | nature of Debtor 1   | -  |   |
| Da                  | e December 16, 2015  | Date   |   |
| Did                 |  | ent of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)?   |
| Did                 | you pay or agree to pay someone who is no  | t an attorney to help you fill out bankruptcy  | forms?  |
|                     | es. Name of Person   | Attach the Bankruptcy Petition Preparer's      | Notice, Declaration, and Signature (Official Form 119).   |

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Debtor 1 Sandra S Lamberg

#### **DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

| I declare under penalty of perjury that I have read the | nswers contained in the foregoing stateme | nt of financial affairs and any attachments thereto and |
|---|---|---|
| that they are true and correct.                         |   |   |

| Date | December 16, 2015 | Signature | /s/ Sandra S Lamberg |  |
|------|-------------------|-----------|----------------------|--|
|      |                   |           | Sandra S Lamberg     |  |
|      |                   |           | Debtor               |  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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| If you are an individual filing under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of credi whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you not the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional write your name and case number (if known).  |             |
|---|-------------|
| Pirst Name Middle Name Last Name  United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (If known)  Check if this is amended filling  Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  If you are an individual filling under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of credit whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you not the form  If two married people are filling together in a joint case, both are equally responsible for supplying correct information. Both debtors sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional write your name and case number (if known). |             |
| Check if this is armended filing  |             |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (If known)  Check if this is armended filing  Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  If you are an individual filing under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of credi whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you not the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional write your name and case number (if known).                                      |             |
| Case number ((if known))  Check if this is a amended filing  Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  If you are an individual filing under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of credi whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you not the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional write your name and case number (if known).  |             |
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| write your name and case number (if known).   | must        |
| write your name and case number (if known).   | nages       |
| Desired Line Versa One disease Wiles Have On come d Obelians  | pages,      |
| Part 1: List Your Creditors Who Have Secured Claims   |             |
|   |             |
| 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill information below.   | in the      |
| Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the p secures a debt? as exempt on Schero   |             |
| Creditor's <b>Pncbank</b> Surrender the property.   |             |
| name: Retain the property and redeem it.  |             |
| Description of <b>2012 Dodge Journey Crew</b> Retain the property and enter into a  Reaffirmation Agreement   |             |
| property 44000 miles Retain the property and [explain]:   |             |
| Securing debt: Value is based on NADA clean trade in value  |             |
| Car is scrachted due to   |             |
| exhusband's actions   |             |
| Part 2: List Your Unexpired Personal Property Leases  |             |
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 1  | 106G), fill |
| in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet you may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  | et ended.   |
| Describe your unexpired personal property leases Will the lease be assume   | ed?         |
| Lessor's name: William Anderton   |             |
| ■ Yes   |             |
| Description of leased Property:  Month to Month oral agreement \$930 per month  |             |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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B8 (Form 8) (12/08) Page 2

| Par | t 3: Sig | gn Below                                   |   |
|-----|----------|--|---|
|     | •        | y of perjury, I declare that I have indica | ted my intention about any property of my estate that secures a debt and any personal |
| х   | /s/ San  | dra S Lamberg                              | X   |
|     | Sandra   | a S Lamberg                                | Signature of Debtor 2   |
|     | Signatu  | re of Debtor 1                             |   |
|     | Date     | December 16, 2015                          | Date  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations:

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 15-83106 Doc 1 Filed 12/16/15 Entered 12/16/15 15:09:27 Desc Main Document Page 53 of 57

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In   | re Sandra S Lamberg  |   | Case N   | o.                     |                    |
|------|--|---|--|------------------------|--------------------|
|      |  | Debtor(s)   | Chapte   | r <b>7</b>             |                    |
|      | DISCLOSURE OF COMP   | PENSATION OF ATTOR  | RNEY FOR   | DEBTOR(S)              |                    |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplation   | filing of the petition in bankruptcy,   | or agreed to be p                                | aid to me, for servic  |                    |
|      | For legal services, I have agreed to accept  |   | \$   | 2,000.00               |                    |
|      | Prior to the filing of this statement I have receive   | red   | \$   | 2,000.00               |                    |
|      |  |   |  | 0.00                   |                    |
| 2.   | The source of the compensation paid to me was:   |   |  |                        |                    |
|      | ■ Debtor □ Other (specify):  |   |  |                        |                    |
| 3.   | The source of compensation to be paid to me is:  |   |  |                        |                    |
|      | ■ Debtor □ Other (specify):  |   |  |                        |                    |
| 4.   | ■ I have not agreed to share the above-disclosed co  | ompensation with any other person   | unless they are m                                | embers and associat    | es of my law firm. |
|      | ☐ I have agreed to share the above-disclosed composition of the agreement, together with a list of the   |   |  |                        | my law firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to  | o render legal service for all aspect   | s of the bankrupto                               | cy case, including:    |                    |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and re</li> <li>b. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cre</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors or reaffirmation agreements and applications</li> <li>522(f)(2)(A) for avoidance of liens on</li> </ul> | statement of affairs and plan which<br>ditors and confirmation hearing, ar<br>to reduce to market value; exc<br>ations as needed; preparation | may be required and any adjourned emption planni | hearings thereof;      | and filing of      |
| 6.   | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.  |   |  | nces, relief from      | stay actions or    |
|      |  | CERTIFICATION   |  |                        |                    |
| this | I certify that the foregoing is a complete statement of s bankruptcy proceeding.   | any agreement or arrangement for  | payment to me for                                | or representation of t | he debtor(s) in    |
|      | December 16, 2015  | /s/ Steven J. Broo  | dv   |                        |                    |
| -    | Date   | Steven J. Brody 0   | 6205619  |                        |                    |
|      |  | Signature of Attorne<br>Steven J. Brody 8   |  | td                     |                    |
|      |  | 15 W. Woodstock   | Street   |                        |                    |
|      |  | Crystal Lake, IL 6<br>815-479-8800 Fa   |  | n                      |                    |
|      |  | Name of law firm  | A. 013-413-000                                   | <u> </u>               |                    |

#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Sandra S Lamberg                           |   | Case No.          |                           |
|-------|--|---|-------------------|---------------------------|
|       |  | Debtor(s)   |                   | 7                         |
|       | VE   | CRIFICATION OF CREDITOR M                                 | IATRIX            |                           |
|       |  | Number of   | Creditors:        | 30                        |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit                   | ors is true and c | correct to the best of my |
| Date: | December 16, 2015                          | /s/ Sandra S Lamberg Sandra S Lamberg Signature of Debtor |                   |                           |

Atlantic Crd P O Box 13386 Roanoke, VA 24033

Bruce J. Lamberg P.O. Box 292 Wonder Lake, IL 60097

Cap One 26525 N Riverwoods Blvd Mettawa, IL 60045

Cbna Po Box 6283 Sioux Falls, SD 57117

Cbna Po Box 6497 Sioux Falls, SD 57117

Chase P.O. Box 15298 Wilmington, DE 19850

Chase Auto
Po Box 901003
Ft Worth, TX 76101

Chase Card Po Box 15298 Wilmington, DE 19850

Chase Mtg Po Box 24696 Columbus, OH 43224

Chase- Bp P.O. Box 15298 Wilmington, DE 19850

Com Ed PO Box 6111 Carol Stream, IL 60197-6111 Comenity Bank/Beallsfl Po Box 182685 Columbus, OH 43218

Comenity Bank/Eddiebau 995 W 122nd Ave Westminster, CO 80234

Comenity Bank/Vctrssec 220 W Schrock Rd Westerville, OH 43081

Crystal Lake Bank & Tr 70 N Williams St Crystal Lake, IL 60014

Joshua R. Lamberg 1365 Legacy Trail Elizabeth, CO 80107

JP Morgan Chase Chase Student Loans P.O.IN1-0103 P.O. Box 7013 Indianapolis, IN 46207

Jpm Chase Po Box 7013 Indianapolis, IN 46207

Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Manassa, Stassen & Vaclavek P.C. 1000 Hart Rd., 3rd floor Barrington, IL 60010

Manassa, Stassen & Vaclavek, P.C. 1000 Hart Road, 3rd Floor Barrington, IL 60010

Nicor PO Box 2020 Aurora, IL 60507-2020 Pncbank 2730 Liberty Ave Pittsburgh, PA 15222

Syncb/Jc Penney Dc Po Box 965007 Orlando, FL 32896

Syncb/Jcp Po Box 965007 Orlando, FL 32896

Syncb/Jcp

Syncb/Lord & Tay Po Box 965015 Orlando, FL 32896

Syncb/Old Navy Po Box 965005 Orlando, FL 32896

Visdsnb 9111 Duke Blvd Mason, OH 45040

William Anderton 54094 E 328 Road Jay, OK 74346